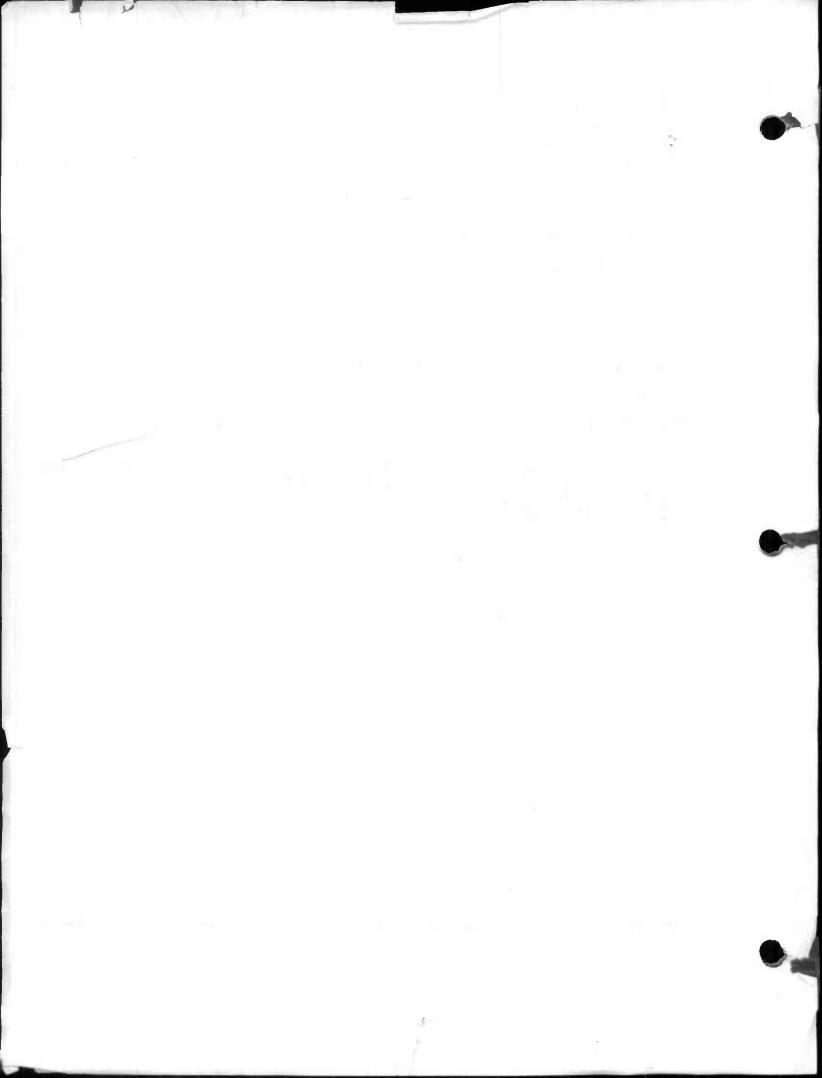
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4 hours aft	filled in by	ne medica
ted within 2	completely al, crematic	event, th
te be execu	sician and prior to bur	traumatic
rth certifica	tending phy al Hygiene	or other
that the dea	ed by the at h and Ment	any injury,
w requires	been signe pt. of Healt	3 shows
IAN: The la	rtificate has re State De	or item 2:
NG PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	marked,
IR ATTENDI	IRECTOR: A	em 28 is
HOSPITAL D	UNERAL DI	ANT: If It
TO THE	TO THE I	IMPORT

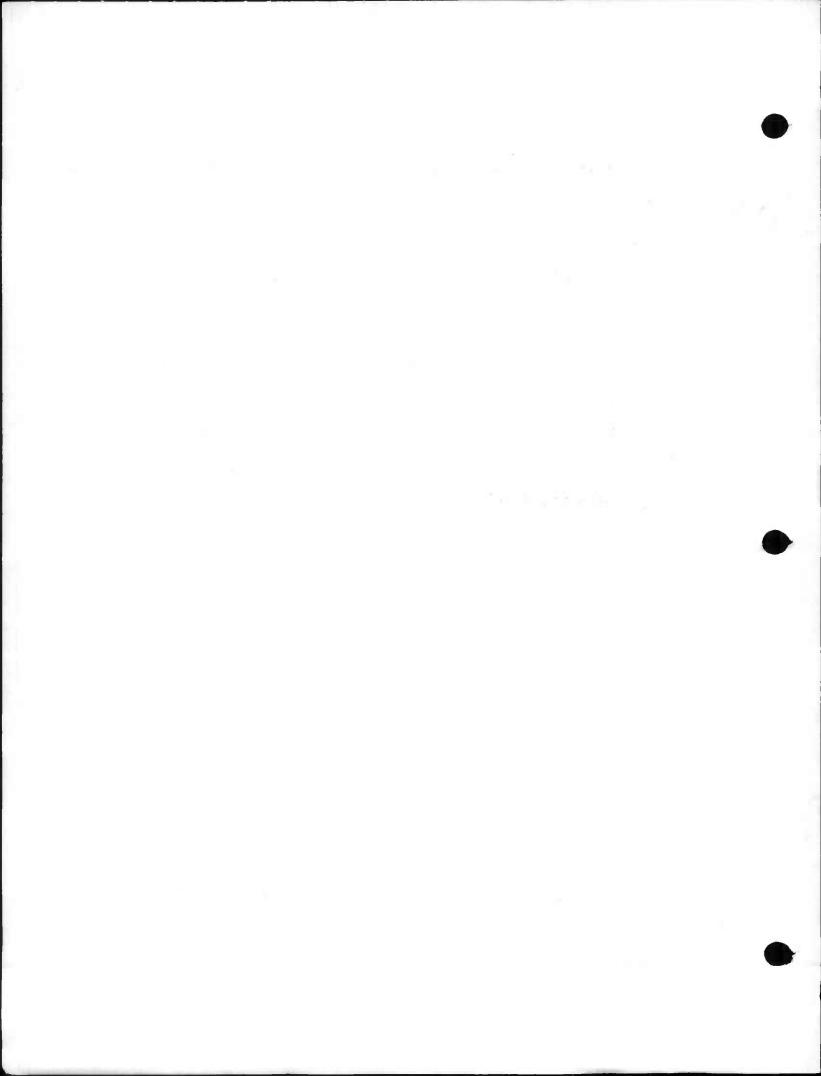
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE UF MAR		'ARTMEN IFICATI				HENTAL HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last) Martez M.	14:115						2. DATE OF OEATH DA	7	YEAR	TIME OF DEATH	, ,
	212 00 (070		GE (In yrs. last birth	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	5, 1	A BIRTHPL	ryland	,
TOR	90. FACILITY NAME (If not Institution, give stre Greater Laurel Be		ospital			R LOCATION		ATH		INTY OF DEAT	orge's	
DIRECTOR	100. STATE 106. COUNTY Maryland Prince	- Compole	100	CITY, TOWN			.11			10	d. INSIDE CITY	
	10e. STREET AND NUMBER	e George's		Beltsvill							YES 2 NO	4
FUNERAL	10407 A Apt. #303						2070)5		J.S.A.	COUNTAL	
BY	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO		. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: 1 Specify Specify Specify:				hite, etc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5+)	(Give kin-	T'S USUAL O	during mos	N st of working	7	16b. KIND OF BUS	N/A	DUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) James Edwin Will	Ls						E (First, Middle, Meiden :	Sumame)			
TO B	190. INFORMANT'S NAME (Type/Print) Mr. James Edwin Wil	lls (Fathe	r) 196. MAI 104	O7 A	s (Street e	#303	or Rural Ac 46t	h Ave. Be	, State, Zip 21tsv	ville,	Md. 207	05
ı	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Tether (Specify)	al from Stata	206. PLACE AND D. Cometery, cremetery.	or other plece)	IT M	ne of	ch	5/21/93		City or Town,		
	21. BIOMATURE OF EMNEMAL SERVICE LICES		Queens C	emetën	MAME AT	BITT	ris 7	Uneral Hor Place, N.	ne, I	Inc.		
	23. PART I. Entar the diseases, or co- shock, or heart fallure. Lin	mplications that cause only one cause of	sad the daath. I n each lina.	Do not enter	the mod	da of dylr	ng, auch	as cardiac or raspir	atory an	rest,	Approximata Interval Batwe	ean
	immediate cause (Final disease or condition resulting in death)	DUE TO (OR A	S A CONSEQUENCE	E OF):	2						Onset and De	ath
NO	Sequentially list conditions, b.	Pacude DUE TO GOR A	S A CONSEQUENCE		291>	ni						_
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Markey	S A CONSEQUENCE	leio	E	egai	ugen	- Obran	14			
CERTIFICATION	that initiated events resulting in death) LAST		o A CONSECUENT	e ory.								
CAL	PART II. Other algnificant conditions	contributing to deat	but not reault	ng in the ur	derlying	cause gi	Iven in P	Part I. 24s. WAS AN / PERFORI		AM	RE AUTOPSY FINDIN MILABLE PRIOR TO MPLETION OF CAUSE	
MED								1 _ YES 2	⊠ио	OF	DEATH? YES 2 XNO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DE	ATH (Chec	ck only one)				-
HYSIC	1 m um 1 mls	HOSPITAL: Impatient 2 ER/C		OTHE				Other (Specify)				
BY PI	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	7)	INJURY M	WOI			28d. DEŞCRIBE HOW IN	JURY OC	CUREO		
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — Al home, fe pecify)	rm, etreet, fact	ory, affice			281. LOCATION (Street as City or Town, State)	nd Number	r or Rural Routi	Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA PHYSICIA (Check only one) 2 MEDICAL EXAMINER:										d menner ee stated	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Dun	Na C			29c. LICE					onth, Day, Year)	\dashv
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)		المسلا	448	r. Ealisi	-5	-18-	93	\dashv
į	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	HTEL	Da	Bay	Suc	r. Ealisi	u Uz	, hu) Dogat	
	MAY 2 0 1993 Sul	ia Savidson-Tr				,						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 18 within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH		3. TIME OF DEATH
1 8	MARTHA AI	NE WOOD)			05 19	05 19 1993 YEAR	
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		PITHPLACE (State or Foreign
1	215-38-6114	1 🗆 M 2 🖫 🗏	52 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ountry)
	9a. FACILITY NAME (If not institution, give		32	95 CITY TOWN	OR LOCATION OF DI	04-19-19	9c. COUNTY O	ashington, D
Œ	9							
5	9707 Rhode Isla	and Avenu	ie	Colle	ege Park		Prince	George's
ñ	10e. STATE 10b. COUN	TY	10c. Cl	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY
吉	M d. Prin	ce George	le	College	Dark			LIMITS?
4	10e. STREET AND NUMBER	ce George	3		ZIP CODE		10a CITIZEN C	OF WHAT COUNTRY?
FUNERAL DIRECTOR	9707 Rhode I	sland Ava	2010		2074	0	*	
Ž	11. MARITAL STATUS	12 WAS DECEDENT	EVED IN U.S. ADMED	12 WES DEC	2074	JIC ORIGIN? (Specify Yes		I.S.A.
	1 Never Married 2 Married	FORCES? 1 [YES 2 NO	If yes, sp	ecify Cuben, Maxica	n, Puerto Ricen, atc.)	В	ACE — American Indian, lack, White, atc.
87	3 Widowed 4 Divorced	IF TES, GIVE WA	H OH DATES	1 U YES	2 NO Specify	ŗ:	S	pecify: White
	15. DECEDENT'S ED		16a, DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	EINESS/INDI ISTO	v
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of	work done during mo	st of working	Total Killio Or Boo	MILOUMIDOSIN	
19	12	None		os Aid		Hantst	C	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Hone	Nurs	es Aid	10 MOTUED'S NA	ME (First, Middle, Maiden	Care	
	lamos Dicha	nd Fwall					,	
8	James Richa 19a. INFORMANT'S NAME (Type/Print)	rd Ewell	T 405 MANUAL	10000000 (C)	Bertha	Marie Lay	/ton	
2	7-1-11-11-11-11-11-11-11-11-11-11-11-11-	111						
	Robert Bruce	Wood						Md. 20740
	20a METHOD OF DISPOSITION 1 Deurlai 2 Cremation 3 Ref 4 Donation 8 Other (Specify)	noval from State	20b. PLACE AND DATE cemelary, crematory or c		nme of	DATE 20c. LO	CATION — City of	r Town, Stata
- 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Cedar Hi	II Cemet	ery 5	/22/93 Su	iitland.	Md.
	DO. 1	101	2001					
- 2	Juan le	2 to 126	41	Gasch	s Funer	al Home, 4	1739 Ba	Itimore Ave.,
	23. PART I. Enter the diseases, or	complicatione thet	caused the deeth. Do	not enter the mo	de of dyling, suc	h aa cardiac or reapl	ratory srrest,	Approximate
- 1	shock, or heart failure. IMMEDIATE CAUSE (Fins)	A	C. C		_			Interval Between Onset and Death
- 1	disease or condition resulting in death)	IV	1 paglo	12 I	Breen,	+ ('enes	1/	
	resoluting in death)	DUE TO (DR AS A CONSEQUENCE OF	F):				
z			Aut 1	eules	une,			
은	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEQUENCE O					
CERTIFICATION	CAUSE (Disease or Injury	C.						
E	that initisted events	DUE TO (C	OR AS A CONSEQUENCE O	F):				
듄	resulting in death) LAST	d						
	DADT II Other desilient on this							
EDICAL	PART II. Other significant condition	ns contributing to d	eeth but not resulting	in the underlying	csuae given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă						1 [] YES 2	NO	COMPLETION OF CAUSE OF DEATH?
M						_		1 YES 2 NO
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ock only one)		
PHYSICIAN:	1 TES 2 NO		ER/Outpatient 3 🗆 DOA	OTHER: 4 - Nursing Hom	e 5 Residence	8 Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	VJURY 28b. TIR		URY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO			
	3 Suicide 8 Could not be	28s. PLACE OF building, at	INJURY — At home, farm,	street, factory, office		28t. LOCATION (Street a	nd Number or Run	ral Route Number,
빝	4 Homicide detarmined		at (opcomy)			City or Town, State)		
71	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	ry knowledge, death occurr	ad at the time date	and place, and due	10.00		
COMPLETED								re(a) and manner as stated.
							o don to the cade	ev(a) and manner as stated.
8E	296. SIGNATURE AND TITLE OF CERTIFIE	1	100		29c, LICENSE NUM	IBER	29d. DATE SIGN	IED (Month, Day, Year)
00 [1			I / I Com a M	~ \ /	レメシ	100	5	11616.5
	20 NAME AND ADDRESS	+1	X .		-0,0			1,(()
10	30. NAME AND ADDRESS OF PERSON WI		-		Y 0 - 1	sut o	0	Dende 1
	M-K-M	OHAN	MD 6	504	Kenil	out A		
	30. NAME AND ADDRESS OF PERSON W 31. DATE FILED (Month, Day, Year)	OHAN	MD 6	504	Kemil		ve, R	



FUNERAL DIRECTOR

COMPLETED BY

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MEDICAL CERTIFICATION

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fours after death. Page 6 may be retained by the hospital or attending physician.

funeral director, page 5 should be

been signed by the attending physician and completely filled in by the bt. of Health and Mental Hygiene prior to burial, cremation, or removal.

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

BALTIMORE, MARYLAND 21215-0020

RE	G. NO.		
2. DATE OF DI	DAY 1,5	YEAR 43	3. TIME OF DEATH

					3	15	43	11:31	P		
1)	IF UNDER 1 YEAR		IF UNDER 24 HRS.		7. DATE OF B		8. BIRTHPLACE (State or Fore				
	MONTHS	DAYS	HOURS	MIN.	(Month, Day	Year)	Count		457		

3405311 95 YRS

1 M 2 F

9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH

Ment 10a. STATE 10b. COUNTY

8. AGE (In yrs. lest birthda

10c. CITY, TOWN OR LOCATION WD SUN 10e. STREET AND NUMBER

10d. INSIDE CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

4922 11. MARITAL STATUS

2 Married

3 Widowed 4 Divorced

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Ric 1 YES 2 NO Specify:

14. RACE — American Indian Black, White, etc.

16b. KIND OF BUSINESS/INDUSTRY

15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) College (1-4 or 5+) GRADE 17. FATHER'S NAME (First, Middle, Last)

20743

20a METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE Removal from State ry, crematory or other place. 5 Other (Specify) 4 Donati

23. PART I. Enter the diseases, or complice

ons that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart feliure. **IMMEDIATE CAUSE (Finei** disesse or condition

Approximata interval Between Onset and Death

resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING

DUE TO (OR AS A CONSEQUENCE OF): an

CAUSE (Disease or Injury that initiated events resulting in death) LAST

PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

24a. WAS AN AUTOPSY

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:

26. PLACE OF DEATH (Check only one)

OTHER: 1 TES NO 1 DOA 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 27. MANNED OF DEATH

26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO 2 Accident Investigation

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of exami

29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE HOBE AND AVE MOHAMMED

199

21

3 Suicide

32. REGISTRAR'S SIGNATURE
GIMA DAMASON Pandell

BE

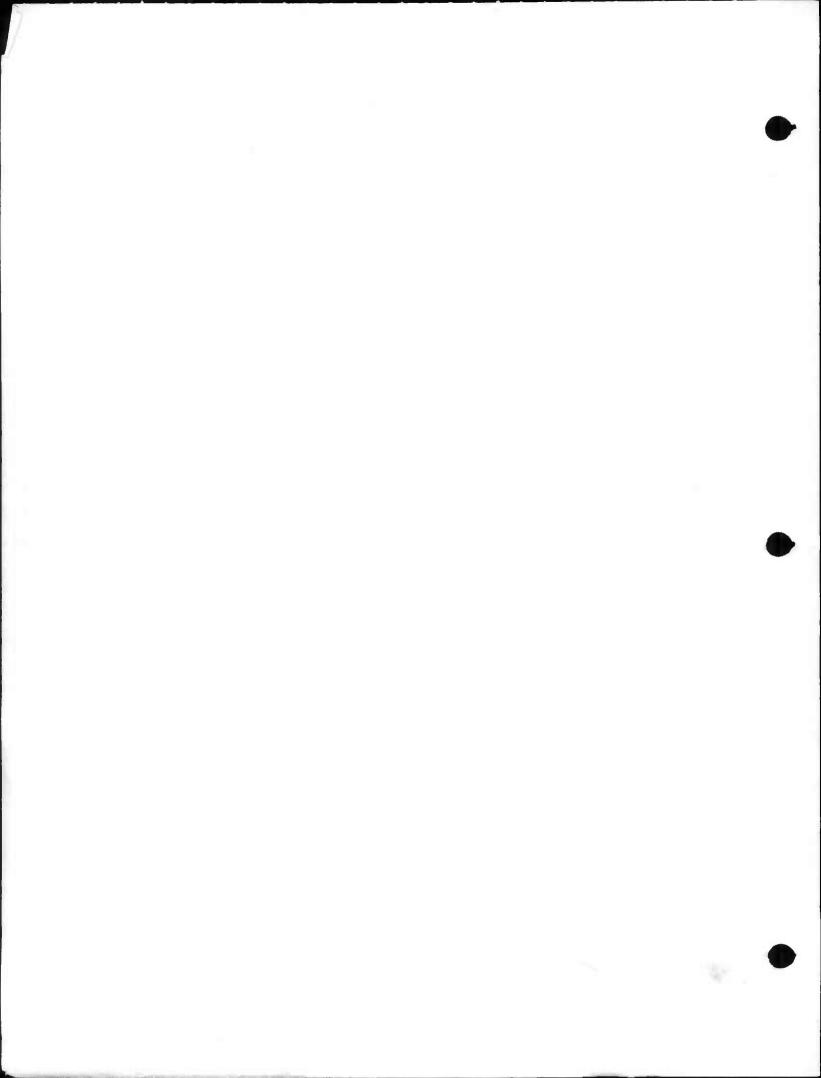
FUNERAL I HOSPITAL

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	IIS a	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIE		1100.	
	1. DECEDENT'S NAME (First, Middle, Last)		(11 11			2. DATE OF OEATH		3. TIME OF OEATH	
	Pamela		Wai	ce		монтн 05 1.		5:50 P.M	
			in yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign	
	1 417 70 THE	₩ ² XF 29	YRS.	MONTHS DAYS	HOURS MIN.	8/16/6		TorthCarolin	
	9a. FACILITY NAME (If not institution, give street			,	OR LOCATION OF	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	Prince Georges	Genera⊥		Chev	verly		Prin	ce Georges	
EC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
1 8	N.C. Nash			cky Moi				LIMITS?	
	10e. STREET AND NUMBER				I. ZIP COOE		I 100 CITIZEN	1 YES 2 NO	
FUNERAL	1812 S.W. Main	S+			27803		, i		
S	11. MARITAL STATUS 12	WAS DECEDENT EVED IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y		SA RACE — American Indian.	
	1 Never Married 2 Married	FORCES? 1 YES	2 MO	If yes, sp	Decify Cuban, Maxic	an, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
ВУ	3 Widowed 4 Divorced				- Q opoo			Black	
COMPLETED	15. DECEOENT'S EOUCAT (Specify only highest grade con	ION npleted)	16a. DECEDENT'S	vork done during me	ON ost of working	16b, KIND OF B	USINESS/INDUST	RY	
Ë		College (1-4 or 5+)	life. Do NOT us	e retired.)		ŀ			
₽ E	8th		Nursi	ng Asst		Nurs	ing Fa	cility	
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	,		
B	Melvis Revus 19a. INFORMANT'S NAME (Type/Print)					Esther			
2		-1-	1			Route Number, City or To			
	Queen Esther Ar							h Carolina.	
	1 N Buriel 2 Cremetion 3 Permanal	from State cem	etery, cremetory or of	ther plece)			OCATION — City		
	4 Donostion 5 Other (Specify) Dancy Cemetery 21. SIGNATURE OF BUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
		Ar	#846	711C+		ster Fun	eral H	ome	
	lerry we	elen		3605	14th	St NW.Wa	sh. DC	20010	
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused t only one cause on a	the death. Do n	ot enter the mo	oda of dying, suc	ch as cardiac or rea	piratory arrest,		
	IMMEDIATE CALICE (Flori			a 1		101		interval Between Onset and Death	
	disease or condition resulting in death)	Contact DUE TO (OR AS A	guns	hotur	sundo o	I chest	-		
		DUE TO (OR AS A	CONSEQUENCE OF	7):		0			
징	Sequantially list conditions, b	DUE 70 (07 10 10							
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7):					
윤	CAUSE (Disease or Injury that initieted events	OUE TO (OR AS A	CONSEQUENCE OF	n.					
CERTIFICATION	reaulting in death) LAST	-3.0 10 (31170 1		,.					
	0								
A	PART II. Other algnificent conditions of	ontributing to deeth be	ut not reaulting i	n the underlyin	g cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
임						1 YES	2 🗆 NO	COMPLETION DF CAUSE OF DEATH?	
M								1 NES 2 NO	
ä	<u> </u>								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE OF OEATH (C/	eck only one)			
YS	1 X YES 2 □ NO 1 [☐ Inpetient 2 ☑XER/Outp.		4 - Nursing Hom	ne 5 🗆 Residence	6 Other (Specify)			
표	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME	URY WO	PRK?	28d. OESCRIBE HOW		-	
B	2 Accident Investigation	05/15/19		00P 1□		Subjec			
0	3 Suicide 6 Could not be 4 Homicide delarmined	determined							
E I	An ACCUSED		Hor					k Drive	
COMPLETED	29a. CERTIFIER (Check only one)	: To the best of my knowl	edge, death occurre	d at the time, date	and place, and due	to the cause(a) and mi	nner as stated.		
ŏ	one) 2 XMEDICAL EXAMINER: O	in the beels of examination	and/or investigation	n, in my opinion, d	leath occured at the	time, date and place, a	nd due to the cau	use(a) and manner ea stated.	
BE (296. SIGNATURE AND TITLE OF CENTIFIER	1 = (1 A	(m		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
10	Wonald & W	mant M	0		0.C.	M.E.	0.5	/16/1993	
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type,	Print)					
)	DONALD G. WRIG	HT MD	111 Per	nn Stre	eet. Ba	ltimore,	Marvl	and 21201	
^	31. DATE FILEO (MONTH, Day, 1981)	32. REGISTRAR'S SIGNAL David	TURE 1	2					
	MAY 2 1 1993	guna vavido	ar-Mayara	_					



YEAR	3. TIME OF DEAT	TH
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		4. SOCIAL
79		213-
A Company		9a. FACILIT
	OR	507
	5	RESIDE
1 700	Ĭ I	10a. STATE
	DIR	Mary
E.	4	10e. STREE
/LAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit at once.	COMPLETED BY FUNERAL DIRECTOR	5073
/LAND 21215-0020 by the hospital or attending physician. be detached for use as the buriat-tran at once.	5	11. MARITAI
2 E 3		1 🔀 Never
9 5 5	6	3 Widov
as as	0	
rat 2	F	
N º Þ	ш	Element
D spit	4	Element 12t
/LAND 21215-0020 by the hospital or attending physic be detached for use as the burial at once.	O	17. FATHER
7 5 0 0	Ű	Fr
6.0 18	0.0	

BALTIMORE, MARY

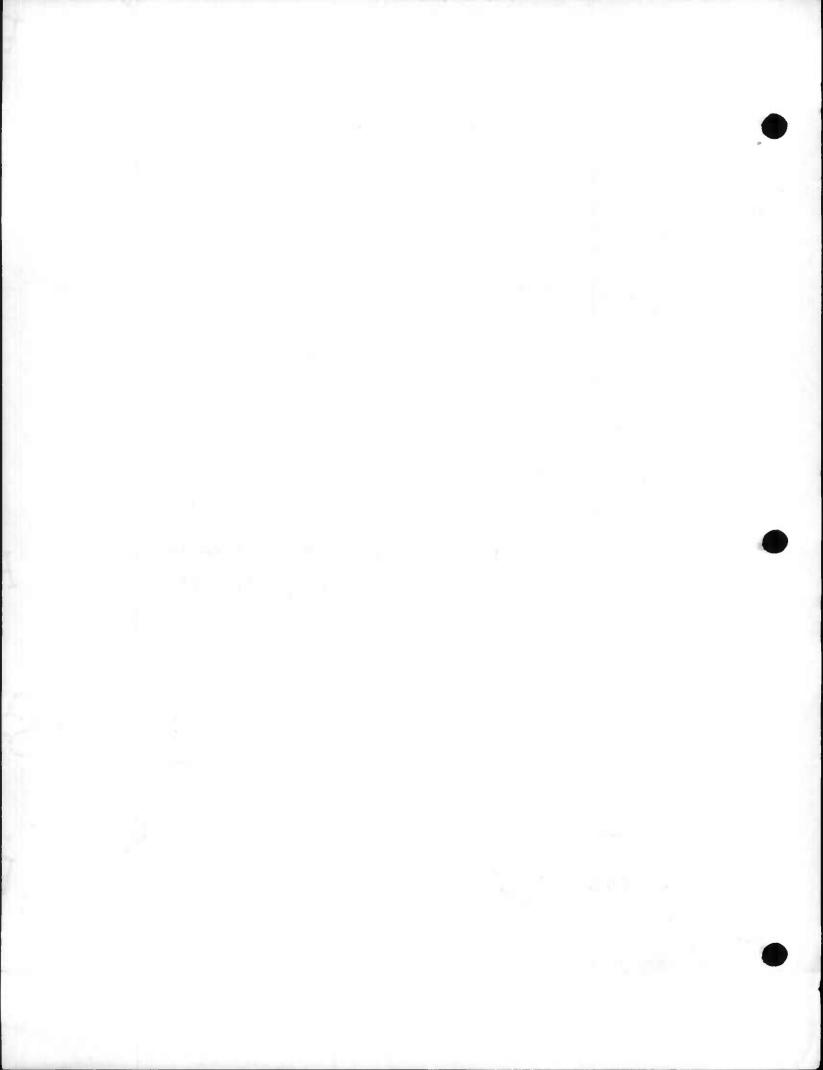
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	Lucy Henriet				a Williams					MONT	MONTH DAY 7, 1993			3. TIME OF DEATH 4:00 A.M. N
	4. SOCIAL SECURITY NUMBER 213-15-592	UPC.	5. SEX 1 M 2XXF	8. AGE (In yrs. Iai	st birthday) YRS.	IF UNDI	DAYS	HOURS	R 24 HRS.	1	OF BIRTH h, Day, Year) UST 1	1919	8. BIRTH Count	HPLACE (State or Foreign my) Indies
TOR N	9a. FACILITY NAME (If not in 50.73 Summ	stitution, give sti				9b. CIT		on Locat			<u>uze 1.</u>	9c. COUNTY OF DEATH HOWard		
딦	RESIDENCE OF DEC	10b. COUNTY			10c CI	LA TEMME	OR LOCA	TION						10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland						umb i	а						LIMITS?
M	10.00						10	1. ZIP COD				10g. CIT	IZEN OF Y	WHAT COUNTRY?
핃		er Day		4				2104					nida	d, West Indi
BY	11. MARITAL STATUS 1 X Never Merried 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AF I YES 2 X X MAR OR DATES	(NO	13	If yes, s		nn, Mexico	in, Puerto	f? (Specify Ve Rican, etc.)	s or No—	14, RACI Blac Spec	E — American Indian, k, Whita, atc. Ify: Black
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)					or's usual occupation of working of work done during most of working of use retired.) I craft Instructor Self-								
O	17. FATHER'S NAME (First, M.							18. MOT	HER'S NA	ME (First,	Middle, Malder	Surname)	_	
BE C	Fredrick				iams			Ma	ry		Eugen	а		eorge
2	196. INFORMANT'S NAME (Type/Print) Lennox A. Smith (son) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5073 Summer Day Lane, Columbia, Maryland 21044													
	20e. METHOD OF DISPOSITI		val from State	20b. PLACE, cemetery, cre		ther place)			DAT		CATION -		
	21. SIGNATURE OF PUNERAL SERVICE LIQUESSE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 3831 Georgia Avenue, N.W.; Wash.D.C. 20011 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition in any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ions, diate	DUE TO	CON AS A CONSE		a vi	leno	OB P	5	Ar	(28)	Tu-		Onset and Death
MEDICAL CE	PART II. Other significa	nt conditions	s contributing to	death but not t	resulting	in the u	nderlyin	g cause	given in	Part L.	24a. WAS AF PERFO 1 - YES	RMED?	246	MERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
_														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient 1	/T nos	OTHE	A:	LACE OF D	are to a second		Jane 1997	_		
	27. MANNER OF DEATH 1 (X) Natural 5	Pending	26s. DAYE OF	PRIJURY	20b. Tik	_	28c. (N.	URY AT		-	CRIBE HOW	INJURY OC	CURED	
TED BY	3 C tiulcide 6 C	Accident Investigation 26e. PLACE OF INJURY — At home, for buildings, etc. (Special)									CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED			CIAN: To the best of											s) and manner as stated.
TO BE C	Lalle	4	XII	Leu	•			29c. tsQ	-Z	065	7	29d. DAT		(Month, Day, Year)
	Francis C.						rles	Str	eet,	Suit	e 301;	Balt	imor	21204 e,Maryland

I his Davidson-Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours are item to the first period of them and Mental Hypera prop to their common or remove.

31. DATE FILED (Month, Day, Year)

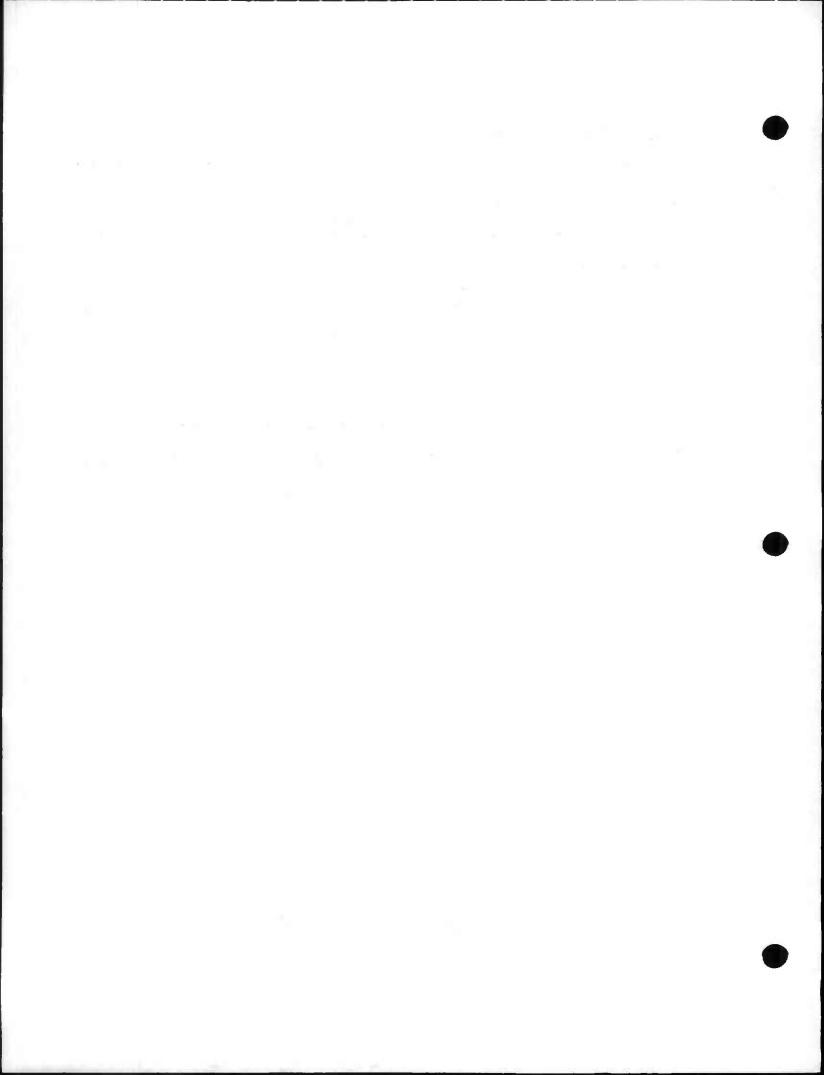


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	DIRECTOR
1	I.B.
ij.	12

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIEN REG. NO.	E	, , , , , , ,	
	1. DECEDENT'S NAME (First, Middle, Last,	Esthel	Parker	Ford		DATE OF DEATH DATE OF	7 9	3. TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER 578-28-3470	1 D M 2 🗡 F 8	1 YRS.	UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) eptember	וווכו	BIRTHPLACE (State or Foreign Country) Virginia	
TOR	SOUTHERN MARRIED THE STORY OF DECEDENT		pital "		J ton, 1	nd.	PRIA	ICE GEORGE	
DIRECTOR	10a. STATE 10b. COUN	nce Georges		ort Was	on Shington			10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO	
RAL	1914 High Timbe	r Road			20744		200	N OF WHAT COUNTRY?	\neg
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (X)NO	If yes, ap-	ENDENT OF HISPANIC O	RIGIN? (Specify Yes		. RACE — American Indian, Black, White, etc.	\dashv
ED BY	3XXWIdowed 4 Divorced 15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	2XX NO Specify:	16b. KIND OF BUS	SINESS/INDUS	Black	_
COMPLET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done durina mo	st of working		mestic		
COM	17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NAME (L			\dashv
BE	Unknown 19a. INFORMANT'S NAME (Type/Print)		19h MAILING AC	DRESS (Street o	unknown	Mumber City or Tour	e State Zin Co	and a s	4
2	Oliver James Wat	ford, Jr. (son)						,Maryland 207	74
	20a. METHOD OF DISPOSITION 1	moval from State 20b.	PLACEAND DATE OF E	DISPOSITION /Na	me of	DATE 20c. LO	CATION — CIT	y or Town, State n, D.C.	
	21. SIGNATURE OF FUNERAL SERVICE L		mor.	22. NAME AN	D ADDRESS OF FACILIT	Latney	's Fun	eral Home .D.C. 20011	
Z	23. PART I. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused that only one cause on each a	the death. Do not sch line.	ley	de of dying, such as	Cardiac or respi	ratory arrea	t, Approximate Interval Betwee Onset and Dea	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inklated events resulting in death) LAST	. A	CONSEDUENCE OF):	tia	• /				
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to death be	ut not resulting in t	he underlying	cause given in Part	I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	iS
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Check o	nly one)			\exists
14Si	1 YES 2XXND 27. MANNER OF DEATH	1 Sinpatient 2 ER/Outp		☐ Nursing Hom	5 Residence 6 C				4
BY P	1XXNatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆 Y	RK? ES 2 NO	I. DESCRIBE HOW II	NJUHY OCCUP	RED .	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre-	et, factory, office	281	LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
COMPLETED		SICIAN: To the best of my knowl IER: On the basis of examination						ause(a) and manner as stated.	٦
8	FIG. BIOMATURE AND TITLE OF CERTIFIE	Zu.D.	Allw	die	29c. LICENSE NUMBER	1535	79d. DATE S	IGNED (Month, Day, Hear)	5
οΥ	20. NAME AND ADDRESS OF PERSON W LAXMI BERW	A M.D. 79	OD OLD	BRANC	HAVE. (Linto	v.MA	20725	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA					1110		ヿ

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:26 Day 4 A "WHREN ROBIN OMONTH YEARS DENIA 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH Felowh 09 197974 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Washington DC DAYS HOURS 578 96 8693 1 | M 2 K F 9a. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR CHEVERLY PRINCE GEORGES PRINCE GEORGES HOSPITAL CENTER RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Pages 10d. INSIDE CITY Oxen Hill Marvland Prince George 24 hours after death, Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. 1 F YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10n CITIZEN OF WHAT COUNTRY? 5208 Deal Drive 20745 United States the hospital or attending physician. 11. MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Pt.

1 YES 2 NO Specify: Specify: Black BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during me life. Do NOT use retired.) ary (0-12) College (1-4 or 5+) Clerk Retail Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) Albert Philson TO Veronica When BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Veronica Whren Philson 5208 Deal Dr. Oxen Hill, Md. 20745 pe 204. METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Washington National Cem 4 Donation 5 Other (Specify) 5/20 Suitland, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lewis Funeral Home, Alexandria, Virginia completely filled in by the rial, cremation, or removal. medicel Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximats lock, or heart fellure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition GUNS HOT WO MOUND OF HUDD executed within resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, hysician and com prior to burial, c CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician requires that the death certificate be other t Hygiene I DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Signed by the atter Health and Mental Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 1 (XES 2 | NO OF DEATH? shows 1 YES 2 NO been : has be Dept. PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) Hem this certificate h HOSPITAL:
1 | Inpatient 2X | FR/Outpatient 3 | DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 the the 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investiga 5/13/93 11:25P 1 YES 2 X NO SUBJECT SHOT BY After ti 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, .00 COMPLETED 8 Could not be DIRECTOR: / 1502 4 Homicide 28 IVERSON STREET#12 HOUSE Item 29s. CERTIFIER
(Check only 1 🗆 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner ee stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 05/14/93 O.C.M.E. 9 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) MARYANOS OR Penn Street, Baltimore, Maryland 21201 0 32. REGISTRAR'S SIGNATURE I die Davidson Randoll

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MAY 9

Albert Phila-

Veronica Whren Philson

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Washington Nation.

Lewis Funeral Home,

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BALTIMORE, MARYLAND 21215-0020

page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physiciar notified at 9 director, must examiner the funeral medical filled in by and completely fille burial, cremation, the requires that the death certificate be executed within event, traumatic 0 been signed by the attending physician t. of Health and Mental Hygiene prior to other 1 6 injury. any shows : THE HOSPITAL OR ATTENDING PHYSICIAN: The law r THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. Dept. Item 0 marked, .69 28 Hem TO THE HOSPITAL

TO THE FUNERAL I

Be filed within 72 h

IMPORTANT: If i

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLET

2

31. DATE FILED (Month, Day, Year) MAY 1

1993 0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Deborah Workeman 05 93 03 0802 也 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11 1 🗌 M 2 💢 F 578-56-3927 49 WASHINGTON, DO 04 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH FUNERAL DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD Prince Georges Hyattsville 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1716 Dayton Road S. 20783 A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TRO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 XX0 Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 TRO 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (9-12) College (1-4 or 5+) 12th HOME MAKER PRIVATE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) HOWARD WARD BE EMMA CHAPMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THOMAS L. WORKEMAN (HUSBAND) 1716 DAYTON ROAD; HYATTSVILLE, MD. 20783 20s. METHOD OF DISPOSITION
1 To Buriel 2 Command 3 4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE PARKLAWN CEMETERY 5/8/93 ROCKVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY An JOHNSON & JENKINS FUNERAL HOME, INC. 716 KENNEDY STREET, N.W.; WDC 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fallure. List pnly one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death Cardiovasalas disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: YES 2 NO 4 🗌 Nurs ne 5 🗆 Residence 6 🗀 Other (Specify) 27, MANNER OF OEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be determined 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, date end place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 46 CSCA Tests, 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) bhu

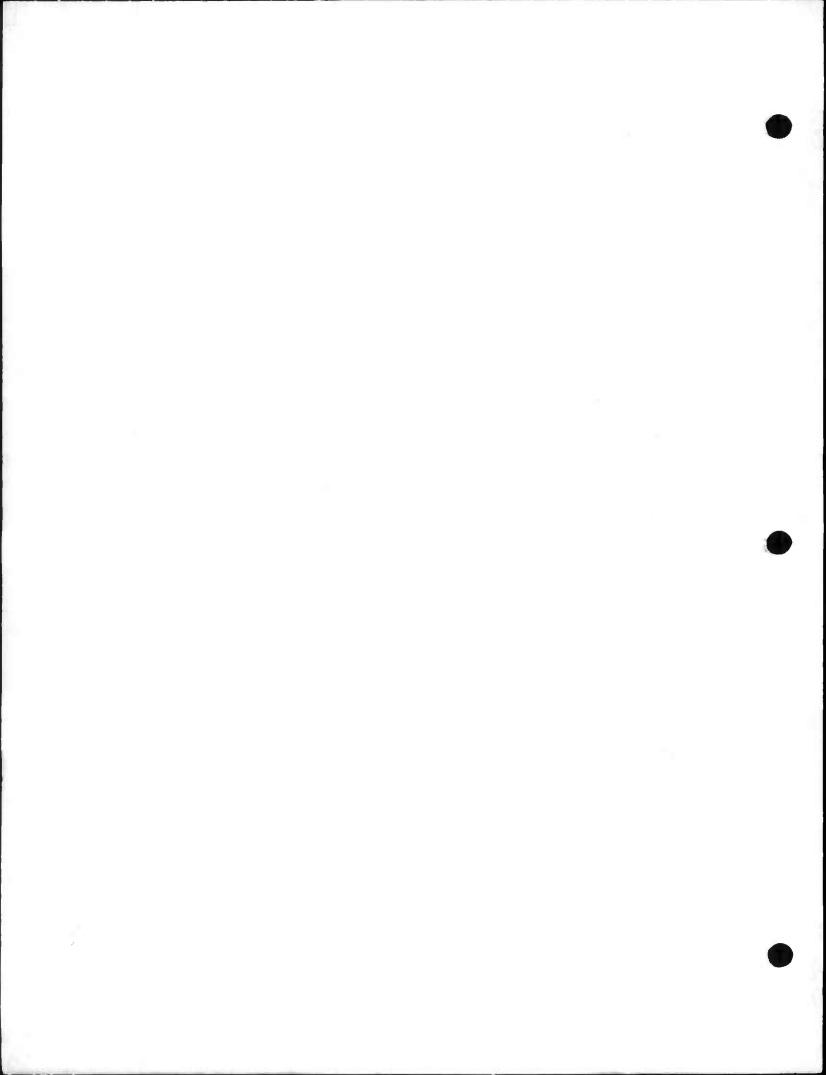
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32. REGISTRAR'S SIGNATURE
Junia Davidson-Randala

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TO BE COMPLETED BY FUNERAL DIRECTOR

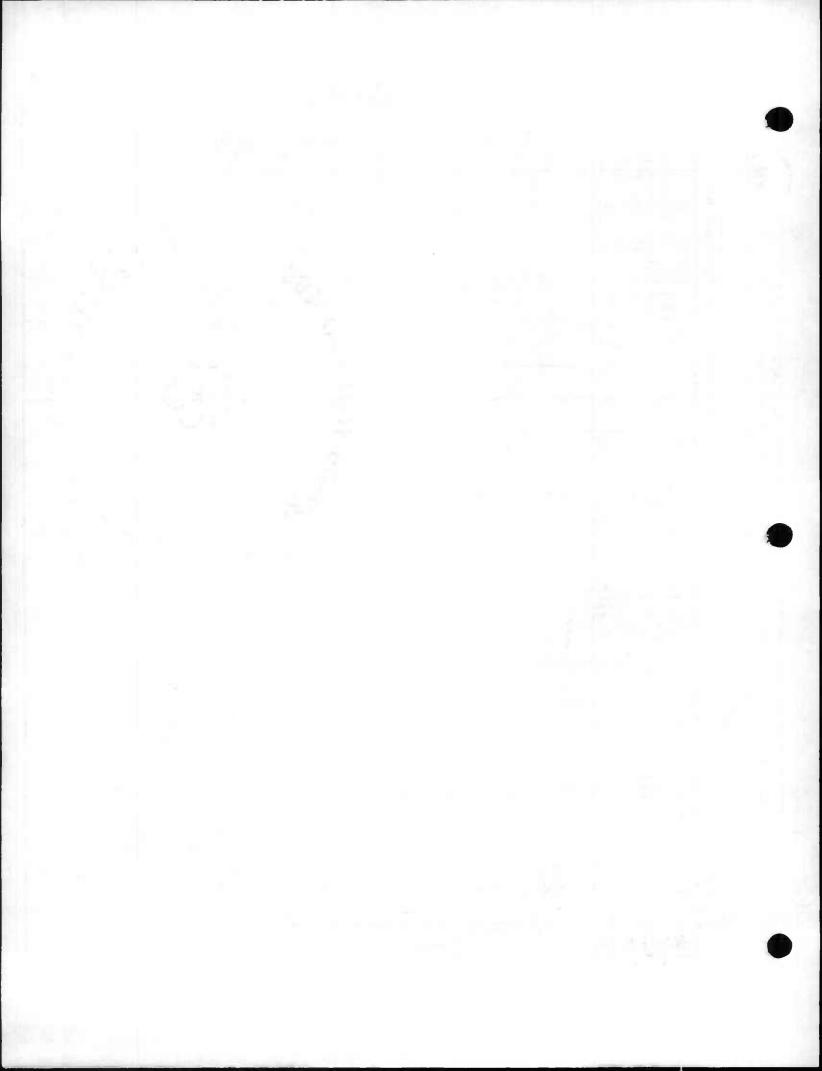
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

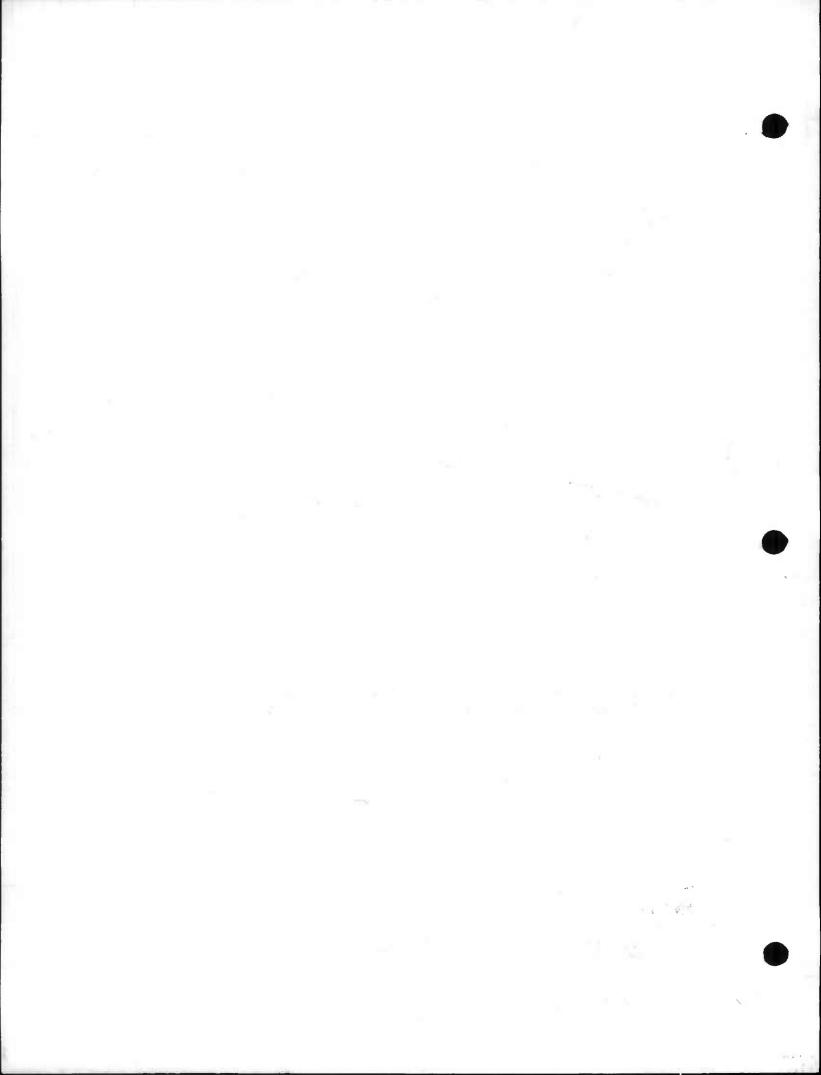
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MA				HEALTH AND F DEATH	MEN	TAL HYGIENE REG. NO.			. , 000
1. DECEDENT'S NAME (First, Middle, Lest)							ATE OF DEATH			3. TIME OF DEATH
MILDRED 4. SOCIAL SECURITY NUMBER	D.	WISEM				0	5/05/199	3	YEAR	12:15 Am
578-50-3419	1 M 2 XF	S. AGE (In yrs. last b		IF UNDER 1 YEAR MONTHS DAYS		(A	ATE OF BIRTH forth, Day, Year) NE / 2 E / 1 0 0	,	Countr	
9a. FACILITY NAME (If not institution, give at	/	0.5	-	9b, CITY, TOW	OR LOCATION OF		05/25/190		VIOUI	ndsville, WV
5015 Apache Str					ge Park					George's
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										
N/A N/A				shinate	on, DC				- 01	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITE	ZEN OF V	WHAT COUNTRY?
2917 Akron Place	e S.E.				20020			U	I.S.	Α.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARME	EO	13. WAS D	ECENDENT OF HISF specify Cuban, Mex	PANIC OR	HGIN? (Specify Yea o	r No-	14. RACE Black	- American Indian,
3 Wildowed 4 Divorced	IF YES, GIVE WA				ES 2 X NO Spe		The three in the stary		Speci	
15. DECEOENT'S EDUC	ATION	16a. DECE	DENT'S L	JSUAL OCCUPA	TION		16b. KIND OF BUSIN	NESS/IND	USTRY	······································
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of wo	ork done during retired.)	most of working					
12	2	Но	mem	aker			Own Ho			
17. FATHER'S NAME (First, Middle, Last) Edward	Donasıı						rst, Middle, Maiden Su			
19a. INFORMANT'S NAME (Type/Print)	Dorsey	196.1	MAILING	ADDRESS (Street	Maue		(UNKN Yumber, City or Town,		,	
Jane Wiseman		1.000					llege Par			20740
20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo	wel from Stale	20b. PLACE AN	D DATE O	FDISPOSITION	Name of	1	DATE 20c. LOCA			
1 M Burial 2 Cremation 3 Remo		Cedar	Hill			8/93		tland	d, N	laryland
21. SIGNATURE OF FUNERAL SERVICE LIC	L Bel	01-		Frai		ch's	Sons Fu			
23. PART I. Enter the disesses, or c			h Do no	4739	Baltimo	re /	Avenue,	Нуа	ttsv	
shock, pr heart fellure. I	List only one ceus	on each line.	A :=	0	Cina			nory sin	-	Approximate interval Between Onset and Death
Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		PR AS A CONSEOU								
resulting in death) LAST										
PART II. Other significant conditions	contributing to d	eeth but not res	uiting ir	the underly	ing ceuse given	in Part i	1 YES 2	ED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINERS.	HOSPITAL:				PLACE OF DEATH	Check on	ly one)			
1 TYES 2 NO	1 Inpatient 2	Pr/Outpatient 3 🗆		OTHER: 4 - Nursing H	me B Residenc	e 6 🗆 C	Other (Specify)			
27. MANNER OF/DEATH 1 Natural 5 Pending investigation	26a. OATE OF II (Month, Day		26b, TIME INJU	IRY \	NJURY AT VORK? YES 2 NO	28d.	DESCRIBE HOW INJ	URY OCC	UREO	
Mccident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF building, at	INJURY — At home c. (Specify)	, farm, st	reet, factory, of	lice		LOCATION (Street and City or Town, State)	d Number	or Rural R	bute Number,
one) 6 MEDICAL EXAMINE	CIAN: To the best of m) and manner as stated,
29b. SIGNATURE AND WITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Tapel	tu N	0		D34	WMBER Y 2	6	P Z	SIGNED	2 93
02/Ridge	14 Ave	_ 8	CType, I	20	A.	nu	cep Mi	02	2/4	01
AY (1 0 9983	72. REGISTRAR	s signature m-Randell								



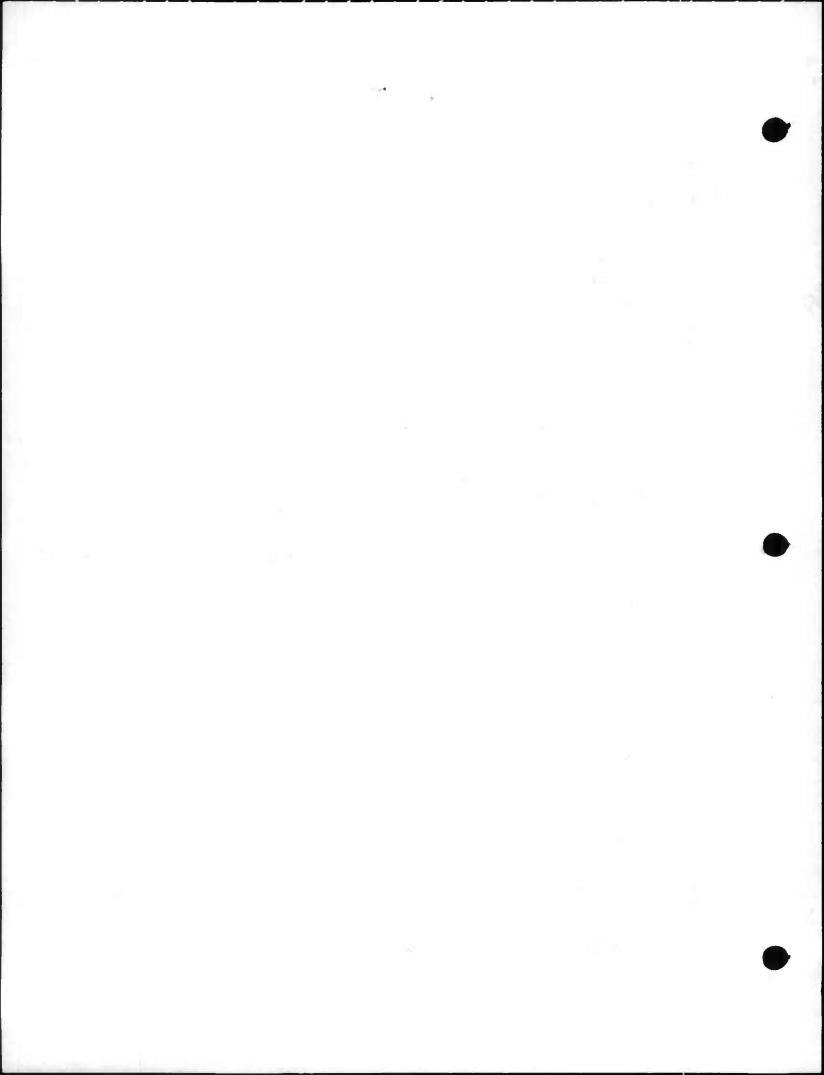
- 1	1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE OF DI	EATN DAY/	YEAR	3. TIME OF OEA	TN
0	J. KEVII		TEOAK					51	30/93	3	2:45	AM
8	4. SOCIAL SECURITY NUMBER 2 1 7 7 C 2 1 1		5. SEX	6. AGE (In yrs.	last birthday)	MONTHS DAYS		7. DATE OF BII (Month, Day,	Year)	Country		
	217-76-31			29	Tho.	Sh CITY TOW	OR LOCATION OF E		22 1963	MA UNTY OF DE	RYLANI)
<u>۳</u>	UNION HO					ELKT		CAIN		CIL	Ain	
5	RESIDENCE OF DEC	CEDENT							1 CI	CIL		
DIRECTOR	MARYLAND	10b. COUNTY	CIL			RTH E				- 1	10d. INSIDE CITY	_
	10e. STREET AND NUMBER		CIT		INO		Of, ZIP CODE		10- 00		1 TYES 2	NO
FUNERAL	CHESAPEAR	KE RES	OURCE (CARE.	SHAD			21901	log. Cr		SA	
2	11. MARITAL STATUS		12. WAS DECEDENT	TEVER IN U.S.	ARMEO	13. WAS D	ECENDENT OF NISPA	NIC ORIGIN? (Spe	edity Yes or No-	14. RACE	- American Indi	en,
BYF	XX Never Married 2 3 Wildowed 4 Dive		FORCES? 1 IF YES, GIVE W	AR OR DATES	KINO		S 2 NO Specific		atc.)		White, atc. WHITE	877
		EDENT'S EDUCA	TION	144-	DECEDENTIA					1	WHITH	
	(Specify onl	ly highest grade co	empleted) College (1-4 or 5 +		(Give kind of I	WORK done during a se retired.)	nost of working	16b. KIND	OF BUSINESS/IN	IDUSTRY		
12	UNKNOWN	5-12)	College (1-4 or 5 +		VEVER	EMPLO	YED	-				
COMPLETED	17. FATHER'S NAME (First, M							AME (First, Middle,	Maiden Surname)			
BE	ROBERT I	F. WHI	TEOAK,	SR.			PATR	ICIA A	NN DAW	KINS		
၉	19a. INFORMANT'S NAME (and Number or Rural					
	PATRICIA A		IFFITH				DERE RD					04
	20a. METNOD OF DISPOSIT 1 Burlal 24 Crematic 4 Donation 5 Other	on 3 🗆 Remov	at from State	cemetery	crematory or o	OF OISPOSITION (3	20c. LOCATION -			
	21. SIGNATURE OF FUNERA		SEE	PET	HEL (RY 6-3		CHESAP	EAKE	CITY,	MD
- 1	1	5	1				FOARD			Е		
	23. PART I. Enter the d	iseeses, or co	molications that	caused the	death Do	CHE:	SAPEAKE	CITY,	MD		I Assessation	
	shock, or h IMMEDIATE CAUSE (Fir	esk jallure. Li	at only one ceu	se on eech i	ine.		.,		· respiratory si	,	Approxim Interval B Onset and	etween
	disease or condition	→ .	Deri	10	lois	2110	Disorde				Onset and	Death
Ì	resulting in death)		OUE TO	OR AS A CON			mille				1	
Z	Sequentially list condit	ions. 6.										
Ĕ	If any, leading to imme- cause. Enter UNDERLY	diate	OUE TO (OR AS A CON	SEOUENCE O	F):						
CERTIFICATION	CAUSE (Disease or Inju		DUE TO (OR AS A CON	SEQUENCE OF	F):					 	
H	resulting in death) LAS	T d.										
	PART II. Other significa	int conditions	contributing to	death but no	at regulting	In the underly	na neuro eluen la	Port I	WAS AN AUTOPSY			
EDICAL	1011010	Monto	1 Disi	ndos-	11		enhale		PERFORMED?	1	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF (TO
MED	WI(R) UI	01011	UT . F	Pin		Feil	lund		YES 2 NO		OF DEATH?	
- 0		7 7 10		and and	664	, vii	egren	27.46			TES 2	40
HYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:				PLACE OF GEATH (C	neck only one)				
L S	1 TES 2 NO		Inpatient 2	ER/Outpatient	3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Rasidence	8 - Other (Spec	cify)			
F	27. MANNER OF DEATH	Pendina	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIM		IJURY AT ORK?	28d. DESCRIBE	HOW INJURY OC	CURED		
à	2 Accident	Investigation	20- 01-405-05	T IAI II IPPU			YES 2 NO					
2		Could not be determined	building,	rtc. (Specify)	nome, tarm, s	street, factory, of	Ica	City or Town	(Street and Numbern, State)	or Rural Ro	ute Number,	
	29a. CERTIFIER	VIEWING BUYON		70	. 0.	-						
COMPLE							ts and place, and du-				and menner or	datad
_	29b. SIGNATURE AND TITLE						29c. LICENSE NU					totou.
2		% TO	DINICO	N V	VI.D		7)2/	1107	29a. 0A	I SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF	F PERSON WHO	THE DESTRUCTION		TEM 27) (Type,	Print)	1 X/ALP	701		0/26	1170	
	ESTHER (N, EMEI	RGENC	Y ROO	M, UNI	ON HOSE	ITAL	ELKTON	J. MA	RYT.AMI	0
	31. DATE FILEO (Month, Day,	*0.5	32. REGISTRAF	S SIGNATURE	D. 1.00					. 1.11.3		
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FOR STATE REGISTRAR STATE OF MARYLAND, / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH May 24, 1993 Russell James White 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 09/11/17 Country) Pennsylvania DAYS 75 YRS. HOURS 162-01-7357 1 X M 2 - F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 134 West Main Street Caroline Preston RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Caroline Preston 1 YES 2 NO permit. FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21655 Post Office Box 190 United States burial-transit 6 may be ustained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced WW II 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Patents-Polyethylene Elementary/Secondary (0-12) ege (1-4 or 5+) Plastics/Packaging +2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Lillie Wright BE Harry Mercer White notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Eleanor O. White P.O. Box 190, Preston, MD 21655 must be r 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □XCremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other place)
Eastern Shore Crematory5/25 4 Donation 5 Other (Specify) Salisbury, MD within 24 hours after death. Page funeral din examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Michail Eslew Framptom-Hawkins-Eskow Funeral Home PO Box 43, Federalsburg, MD 21632 completely filled in by the rial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition CANCER 2 415 OLUN event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed the attending physician and con Mental Hygiene prior to burial, traumatic NO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICATI the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS FUNERAL DIRECTOR: After this certificate has been signed by within 72 hours after death with the State Dept, of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem 1 YES NO HOSPITAL OTHER: Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 € Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 6 Could not be COMPLETED 4 Homicide 28 Hem 29s. CERTIFIER
(Check only one)

29 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL C DE filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE St-John. 01225 15=25-9 30. NAME AND ADDRESS OF PASON WHO COMPLETED CAUSE OF DEATH (Tom 27) (Type, Print) 9 MAY 25 1993 32. REGISTRAR'S SIGNATURE une daydon Rondoll



1. DECEDENT'S NAME (First, Middle, Last)

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In the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN THE PERFORM TO THE death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certification, and the state of the st RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

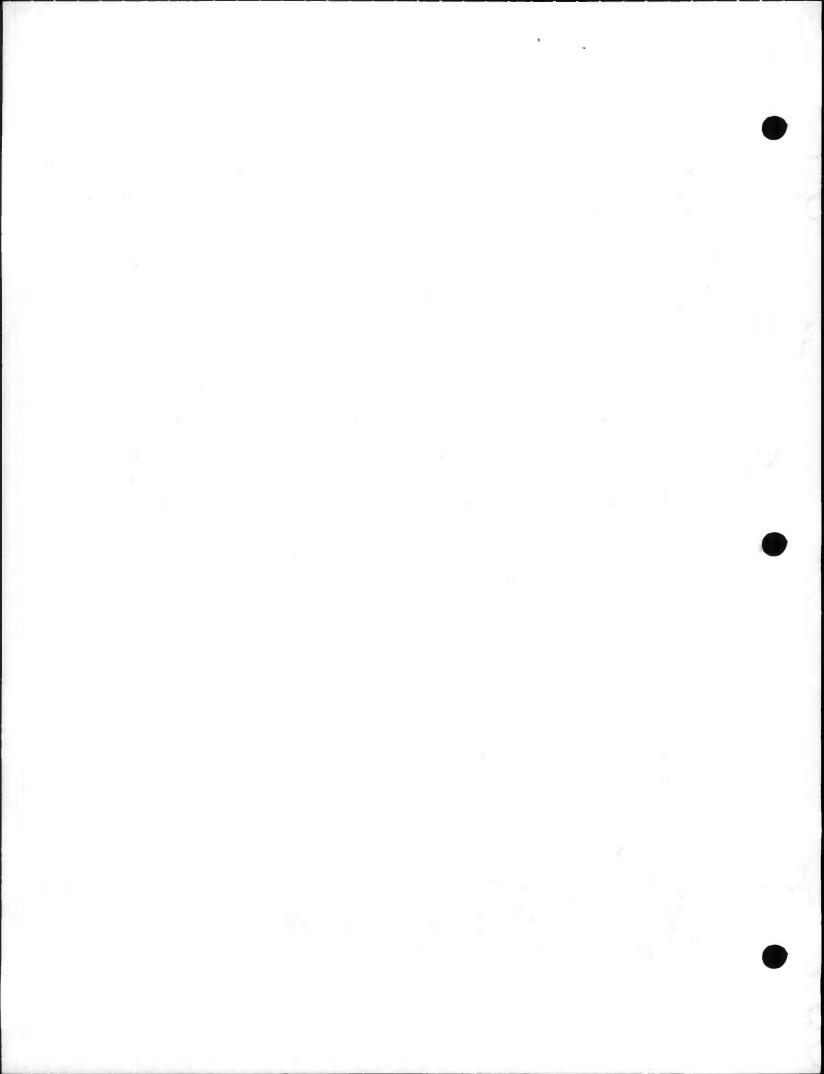
	1. DECEDENT'S NAME (First, Mid	idle, Last)							2. DATE OF				3. TIME OF DEATH
		MAK	YIM	m.	WOI	FSE,			MONTH 5	2		YEAR A	9.18 A M
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs	s. last birthday)			DER 24 HRS.	7. DATE OF E	BIRTH	1	8. BIRTHP	PLACE (State or Foreign
	046-18-576	4	1 📉 M 2 🗌 F	80	YRS.	MONTHS D	WS HOUR	S MIN.	(Month, De		13	Country	NN.
	9a. FACILITY NAME (If not institut	tion, give stre	et and number)			9b. CITY, TO	WN OR LOC	ATION OF DE		7 - 7		ITY OF DE	
E I	HOLY CROS.	S Ho	SPITE	16		Silv	120	Ppin	YG M	0	MON	OPT	MERY
5	RESIDENCE OF DECED					1 7 / 5	E/C		15/1	1	-1101		
DIRECTOR	10a. STATE 104	b. COUNTY			10c. CIT	Y, TOWN OR	OCATION						10d. INSIDE CITY LIMITS?
百	MD	MON'	IGOMER:	Υ		SILVE	R SP	RING					YES 2 NO
₹	10a. STREET AND NUMBER						10f. ZIP C	DOE	-		10g. CITIZ	ZEN OF W	NAT COUNTRY?
FUNERAL	15311	PINE	ORCHA	RD DR	. #2J		20	906			U	J.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED	13. WA	DECENDEN	T OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, White, stc.
BY	1 Never Married 2 Mar 3 Widowed 4 Divorced		IF YES, GIVE Y	WAR OR DATES				O Specify		i, mc.j		Specify	r:
			WW:										WHITE
COMPLETED	15. DECEDE (Specify only high	NT'S EDUCA heat grade co	TION ompleted)	16a	. DECEDENT'S (Give kind of	work done duri	PATION og most of wo	rking	16b. KIN	D OF BUS	NESS/INDI	USTRY	
٦	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NOT u				1				
\$			5+		P	ROFES					IVE	RSIT	Y
	17. FATHER'S NAME (First, Middle						18. M	OTHER'S NAM	ME (First, Middle	e, Maiden S	iumame)		
BE	HERMA		WOF	SEY					IARY			SEY	
5	19a. INFORMANT'S NAME (Type/F								loute Number, C				
	AVROM H	. W	OFSEY		1723			KNOLI	DR.	OL	NEY,	MD	. 20832
	20e. METHOD OF DISPOSITION 1 □ Burial 2 ▼ Cremetion		al from Stata	cemeterv	CE AND DATE	ther place)			DATE		ATION — C		
- 8	4 ☐ Donation 5 ☐ Other (Spe 21. SIGNATURE OF FUNERAL SE	- //		- CH	AMBÉR	S CRE	MATO:		5/26	RIV	ERDA	LE,	MD.
	21. SIGNATURE OF FUNERAL SE	A LICE	NSEE	1		22. NA	E AND ADD	RESS OF FAC	CILITY	SIL	VER	SPR	ING, MD.
	11.71.6	na	MILIN	soll	M0009	1 W.	W. CI	HAMBE	ERS CO				910
	23. PART I. Enter the disea	ses, or co	mplications the	t caused the	death. Do							est,	Approximata
	shock, or heart IMMEDIATE CAUSE (Final	feliure. Li	st only one cau	ise on each	line.								interval Between Onset and Daath
1	disease or condition		RESPI	DATEN	NE	411 16	25						Onset and Daatii
ŧ	recuiting in death)	a.	DUE TO	(OR AS A COR	NSEQUENCE O	ei:							
2			NEUR	OMUS	201114	40 a	FAY	SOIN	20				
CERTIFICATION	Sequentially list conditions if any, leeding to immediate			(OR AS A CON				7 0 - 2	40				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	7 .											
E	that initieted events		DUE TO	(OR AS A CO	ISEOUENCE O	F):							
ᇤ	resulting in deeth) LAST	d.											
	PART II. Other eignificent of	onditione	contributing to	death but n	of regulting	in the unde	tuine onue	a alice in t	Don't Late	W 0 0 0 0		T	
EDICAL	IFET AND C) 457T C	MA	21118		GAST	_			PERFORI			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	NOON AIR	VIII	N AY	DALL	1305			A		YES 2	-LNO		COMPLETION OF CAUSE OF DEATH?
Σ	BLOGDING	10	ENAL	FILL	UKE	IAN	>M/I		_			'	1 TYES 2 NO
Ž													
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	1	HOSPITAL:			OTHER:	a. PLACE OF	DEATH (Che	ck only one)				
YS	1 TES 2 NO	1	Opportiont 2		- T	4 - Nursing	Home 5 🗆	Residence	8 Other (Sp	ecity)			
F	27. MANNER OF DEATH 1 Natural 5 Period	tton	26a. DATE OF (Month, D		28b. TIM	JURY	WORK?		2ad. DEŞCRIE	BE HOW IN	JURY OCC	URED	
B		stigation					YES 2	□ NO					
	3 Suicide a Coul 4 Homicide deter	id not be	28e. PLACE O building,	F INJURY — A atc. (Specify)	1 home, ferm,	street, factory,	offica		2af. LOCATION		d Number	or Rural Ro	ute Number,
H .		THE POL			-								
립			AN: To the best of										
COMPLETED	one) 2 MEOICAL	EXAMINER:	On the besis of e	xemination and	l/or Investigation	on, In my opini	on, death oc	cured at the t	time, date and	place, and	dua to the	cause(a)	end manner as stated.
BE C	29h SIGNATURE AND TITLE OF	CERTIFIER		. \			29c. L	ICENSE NUM	BER	Т	29d. DATE	SIGNEO (Month, Day, Year)
	slew (c)	eu	- N	10			A	362	52		15	124/	93
2	30. NAME AND ADDRESS OF PE	BSON WHO	COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	. Print)			al .			,,,	
, , ,		111 .	164 ::	-									
	STEVEN T.	Kte	44, M	D.11	5010	BOR	HA	HIE :	#575	WH	21/0	NU	D20900
	STEVEN 7. 31. DATE FILED (Month, Day, Year) MAY 2 6 1993	Kte	44, M	Ars signatur	5010	BUR	HA.	HIB:	#57S	WHE	A170	NU	D20902

1	-	FOR STATE REGISTR	AF
Г	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHILL	ICAIL	= OF	DEA	I H		REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last) Freda Gri	ice Wo	nner						2. DATE OF MONTH	DEATH PA	1 10	YEAR 993	3. TIME OF DEATH
	SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In une la	not hirthday)	IF UNDER	1 VEAR	IF UNDER	94 (4me)	7. DATE OF				3:00 PA
	181-18-8691	1 🗆 M 2XXF	71,	YRS.	MONTHS	DAYS	HOURS	MIN.		lay, Year) ,		Country	insylvania
	Da. FACILITY NAME (If not institution, give s	4			9b. CITY	TOWN (OR LOCATI	ON OF DE	ATH /		9c. COUNT	Y OF DE	EATH
DIRECTOR	Anne Arundel Med	ical Cent	er		1	Inna	poli	5			Anne	Aru	indel
ត្ត 📙	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCAT	TION	/					and meine orry
<u> </u>	MD Anne	Arundel				rapo.						- 1	10d. INSIDE CITY LIMITS?
	IOo. STREET AND NUMBER						. ZIP COD				40- 017171	N 05 W	1 TYES 2 XXNO
EHAL	607 Edwards Road	1.				1.0		1401					States
7 ⊪	1. MARITAL STATUS	12. WAS DECEDENT	FEVER IN U.S. A	RMED	13	WAS DEC	SENDENT (YE HISDAN	IIC ORIGIN? (Enseity Vo			- American Indian,
i X	Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 AR OR DATES	44		if yes, sp	2 NO	ın, Mexica	n, Puerto Rica	in, etc.)		Black	White white
3	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KI	ND OF BU	SINESS/INDUS	STRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) #	Give kind of vie. Do NOT us			ost of world	ng		,			
	11			Hom	emak	er				t	lome		
3 1	7. FATHER'S NAME (First, Middle, Last)						16. MOTI		ME (First, Mick				
	Ralph Holsopple								anda F	_	-		
1	Ba. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number,	City or Tow	n, State, Zip Co	ode)	
- 1	Jeff Davidson	_		205 F	· . V1	icto.	r Pa	rkwai	y Ann	apol	is, MI	21	403
Ž	No. METHOD OF DISPOSITION World 2 Cremation 3 Rem	oval from State	205-FLACE	AND DATE (OF DISPOS	ITION (No	ame of		DATE	20c. LO	CATION CI	y or To	vn, State
4	□ Donation 5 □ Other (Specify)	-0	Hill	cresi	t Cen	nete	ry 1	05-27	7+93	An	napoli	is,	Maryland
2	I WIGHATURE OF FUNERAL SERVICE LIC	EMSEE	///		22.	NAME A	ND ADDRE	SS OF FAC	Jo	hn M	. Taul	Cor	Funeral 1
N	mala a	Just	in/		14	17 D	uke o	of GI	louces	ter.	St. An	mar	olis, MD
FICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE) EQUENCE OF	7):								
	PART II. Other significant condition	s contributing to	death but not	resulting i	n the un	derlyin	g cause (given in I		a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAU
1 11									- '	YES 2	N/HO		OF DEATH?
									_				
2	5. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	eck only one)				
	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num		e 5 □ Re	esidence	6 Other (S	pecify)			
2	7. NANNER OF DEATH	28a. DATE OF I		28b. TIMI		28c. fNJ					NJURY OCCUI	RED	
	1 Natural 5 Pending 2 Accident Investigation	,			М		YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF building.	INJURY AI h	ome, farm, s	treet, fact	ory, offic	•		281. LOCATI	ON (Street a	and Number or	Rural R	oute Number,
L	4 Homicide determined								July 07 1	, otale)			
		CIAN: To the best of s											and manner as state
2	SO, SIGNATURE AND TITLE OF CERTIFIER	7 -	2	0	0	1	29c. LICI	ENSE NUM	IBER		29d. DATE S	SIGNED	(Month, Day, Year)
1	Willen F.	A.	M	Ne	pu	ry	1	0	605	14	D 5	-/:	24/97
7	NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	E OF DEATH (ITE	ЕМ 27) (Туре,	Print)	0	B	06	99	f	30.	7	1
-61	1. BATE FILED (Month, Day, Year)	32. REGISTRAF	SIGNATURE	100	,			1-			/		
	MAY 9 7 1000	2 Janida	Hands	276									

BALTIMORE, MARYLAND 21215-0020



, the medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumate event, the medical examiner must be notified at once,
nation, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to be commation, or removal.
ely filled in by the funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending fireness and amounted filled in by the funeral director, page 5 should be detach
in 24 hours after death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical to recover within 24 hours after death. Page 6 may be retained by the hos
BALTIMORE, MARYLANI	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

John E. Danneb

31. DATE FILED (MORTH, Day, Year)

32. REG

MAY 2 5 1993

32. REGISTRAR'S SIGNATURE

116

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH			3 17014					
	1. DECEDENT'S NAME (First, Middle, Last) EMMA L. WALKER	2. DATE OF DEATH		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 72 YRS. 6. AGE (In yrs. last birthday) 1 MONTHS DAYS HOURS MIN.			BIRTHPLACE (State or Foreign Country) MT)					
TOR	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Center Annapolis RESIDENCE OF DECEMENT		9c. COUNTY						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Anne Arundel Annapolis			10d. INSIDE CITY LIMITS? 1 TYES 2 ZANO					
FUNERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 21401			N OF WHAT COUNTRY?					
BY FUI	11. MARITAL STATUS 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1 ☐ YES 2 ☒ NO Spe	can, Puarto Rican, etc.)	or No 14	. RACE — American Indian, Black, White, etc. Specify:					
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)	16b. KIND OF BUS							
COMPLET	School Bus Briver 17. FATHER'S NAME (First, Middle, Last) George E. Mitchell Alic	NAME (First, Middle, Maiden	portat	ion					
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. James S. Walker, Sr. 1401 Cape St. Clair	If Route Number, City or Tow	n, State, Zip Co						
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Cedar Hill Cemetery DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Cedar Hill Cemetery 5/18 Brooklyn MD								
	21. SIGNAY ORE OF LINEAR SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 211								
	23. PART/LEnter that diseases, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given of the state o	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYES 2 NO 1 Pinpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence								
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	ED					
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)		Rural Route Number,						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and do one) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at till 29b. SIGNATURE AND TITLE OF CERTIFIER		suse(a) and manner as stated.						
TO BE	GNED (Month, Day, Year)								
	30. NAME AND MODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								

podes MQ 2170

Maryland D. govern Av

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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DIVISION	

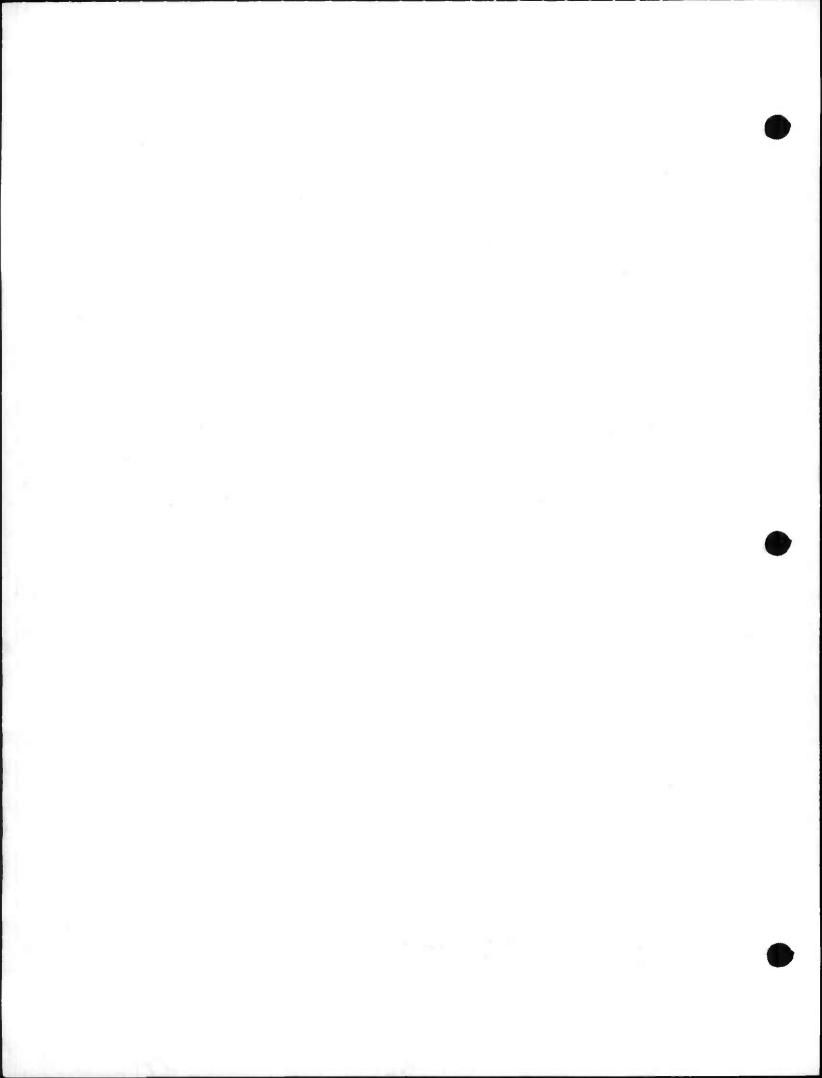
1993 YEAR May 21 3:00 P.M 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. e. BIRTHPLACE (State or Foreign Feb 09 1931 1 - M 2 X 62 291-26-1248 Ohio permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1678 Coventry Court Annapolis Anne Arundel 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Annapolis 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 1678 Coventry Court 21401 United States hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WWO 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 XXO Specify: 14. RACE — American Indian, Bleck, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Cotlege (1-4 or 5+) Secretary U.S. Navy Department Once. 17. FATHER'S NAME (First, Middle, Last) 1s. MOTHER'S HAME (First, Middle, Maiden Surner Ivan S. Ramsey Ħ BE Emma Ferrel notified 19a, IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph A. Weber 1678 Coventry Court Annapolis, Maryland 21401 2 20a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Lakemont Cemeteru Davidsonville, Maryland 4 Donation 5 Qther (Specify) 05-24-93 medical examiner 21. SHOWATONE OF FAIR 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home asky 147 Duke of Gloucester St. Annapolis. MD n and completely filled in by the to burial, cremation, or removal. diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, or heart failure /ket only one ceuse on each line. Approximate IMMEDIATE CAUSE (Finel **Onset and Death** 中 diseese or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Ma 8 month CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in death) LAST been signed by the a PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY CREST SUNDONNE Osteoporosia item 23 shows any 1 TES 2 HO 1 YES 2 HD the State Dept. c PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMIHER?

1 YES 2 NO

27. MAHHER OF DEATH HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home Residence 6 Other (Specify) marked, or 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this ce Natural 2 Accident 5 Pending Investiga 1 YES 2 NO THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After t filed within 72 hours after death BY TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAM: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. estigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGHATURE AND TITLE OF CERTIFIE 29d. DATE SIGHED (Month, Day, Year) BE 1636 205 21 5 30. HAME AND ADDRESS OF PERSON 90086578A7E RD #300 31. DATE FILEO (Month, Day, 16ar)
MAY 25

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

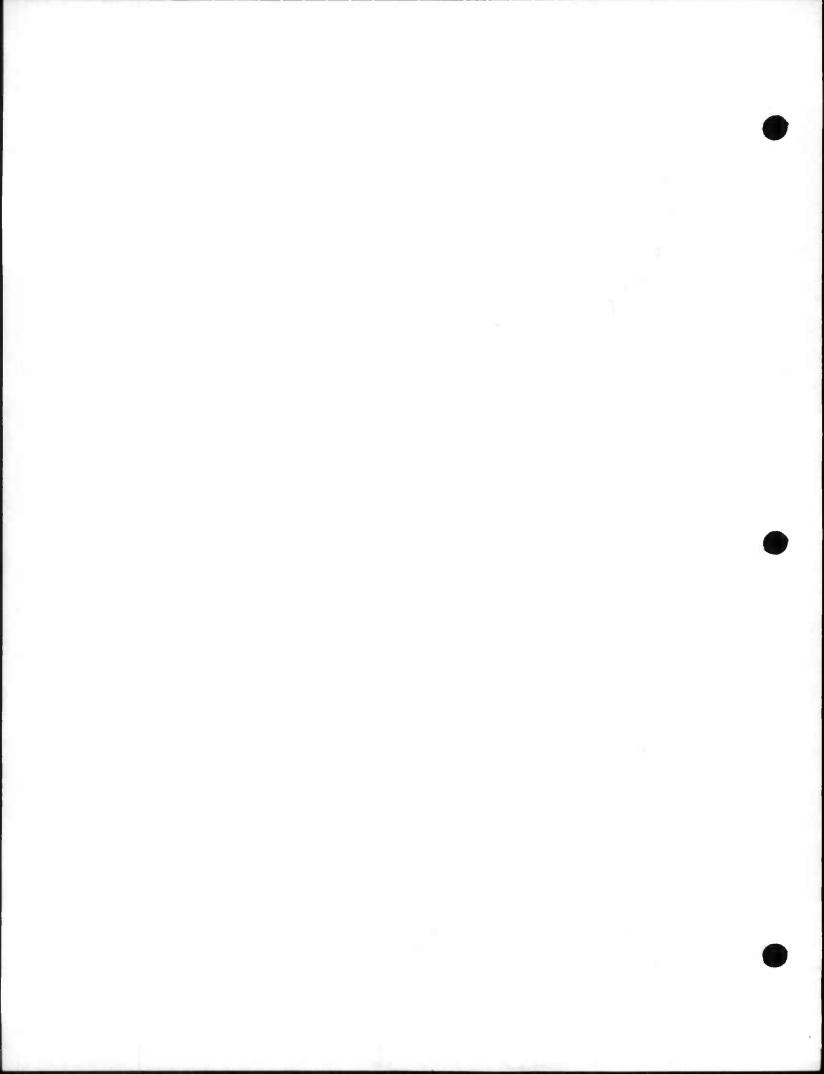


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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENI REG. NO.
. DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH DA

	REGISTRAR		CERT	FICATE	OF DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH 3. TIME OF DEATH				
	LEO WILLS							9:30p.m. _M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthd	y) IF UNDER 1 Y	F UNDER 24 HR		8. E	BIRTHPLACE (State or Foreign			
3	218-52-6613	1 □ 1 2 □ F	44 YRS	MONTHS C	MYS HOURS MI	(Month, Day, Year) 10-18-1	C	Country) IARYLAND			
	9s. FACILITY NAME (If not institution, give str	reet and number)	77	9b. CITY, TI	OWN OR LOCATION O		9c. COUNTY				
DIRECTOR	DOCTORS COMMUNIT	Y HOSPITA	AL		AM-SEABRO			E GEORGE'S CO.			
RE	10e. STATE 10b. COUNTY			CITY, TOWN OR		·		10d, INSIDE CITY			
	_	ce Georg	e's Ca	apital	Heights	5		1∑ YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 1213 Booneshil	1 DA #1			101. ZIP CODE 1			OF WHAT COUNTRY?			
Ž١	11. MARITAL STATUS	12 WAS DECEDENT E	VED IN HIS ADMED	12 300		PANIC ORIGIN? (Specify Ye		RACE — American Indian.			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 []	YES 2- NO	lf y	es, specify Suban, Me YES 2 TNO Sp	xican, Puerto Rican, etc.)	1 8	Black, White, etc. Specify:			
								Black			
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)	(Give kind	of work done duri	UPATION ing most of working	16b. KIND OF BU	ISINESS/INDUST	RY			
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NO	T use retired.)							
COMPLET	12th		FA	RMER			PRIVA	TE			
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maider	Sumame)				
BE	DAVID WILL	S			BARB	ARA FLEET					
0	19a. INFORMANT'S NAME (Type/Print)					iral Route Number, City or Tox		,			
	JOE WILLS		6.5	05 KIF	LING PA	RKWAY DIS	TRICT	HT20743D			
	20a. METHOD OF DISPOSITION	und from Ctate	20b. PLACE AND DA	TE OF OISPOSITI			OCATION — City				
	1X Buriel 2 Cremation 3 Removel from State Commeter, Crematory or other place Commeter, Crematory or other place Harmony Memorial 5/7 Landover, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NA	ME AND ADDRESS OF			FUNERAL HO			
	> 11101101	n 00 12	Carlo	1 71	74 TAND	OVER ROAD					
	22 PADT Enter the diseases or or	CC C	10000								
	23. PART I. Entar the diseases, or co shock, or heart failure. L	list only one cause	on each line.	o not enter th	e mode or dying, i	yon as cardiac or resp	elratory arreat,	Approximate Interval Between			
ł	IMMEDIATE CAUSE (Final disease or condition	ana	link	DIAA	ANW 1	111116		Onset and Death			
	resulting in death)	. UV	us va	TWW	4100/	uccoo					
H	TO COM AS A COMSCOURNCE(OF)										
ξ	Sequentially list conditions,										
Ĭ	If any, leading to immediata	OUE TO (O	AS A CONSEQUENCE	IN	_						
3	CAUSE (Disease or injury		Mer	1-1	- 11.		1				
CERTIFICATION	that initiated events resulting in death) LAST	ated events O Due to (on As A consequence or)									
T	Toodking in death) CAST	Lappoon In round of the first									
3	PART II, Other significant conditions	contributing to de	eth but not resultir	og in the unde	riving cause litura	in Part I. 124s. WAS AF	ALTERNA T	24b. WERE AUTOPSY FINDINGS			
DICAL	AN MAN	_ \ \ .	The state of the s	g in the state	, and canada proof	PERFO		AMALABLE PRIOR TO COMPLETION OF CAUSE			
	V MALE P	$\subseteq A$				T D YES	2 CHINO	OF DEATHY			
Σ	Johnson	Tollan						t TYES 2 MO			
ž	SMIMM	The way									
PHYSICIAN:	IS. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPINAL:	1	THE RESERVE THE PERSON NAMED IN	26. PLACE OF DEATH	(Check only one)					
2	1 □ vesl 2 □ vesl	1400 Impatient 2 D EX	routent a □ DO	4 D Nursing	Home 5 🗆 Residen	ce 6 🗆 Other (Specify)					
E	27. MANNER OF DEATH	28s. DATE OF INJ (Mooth, Day.)	fully 386.	TIME OF 28	C MAJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	ED .			
A B	1 Financia 5 Pending 2 Accident investigation	4500000	7000	The state of the s	YES 2 NO						
	3 Suicide 6 Could not be	28s. PLACE OF IN	JURY — At home, fan	m, street, factory	, office	20f. LOCATION (Street		lure/ Route Mumber			
3	4 Homicide determined	building, etc.	(Molecula)			City or Them, State					
4	29a. CHTIFIER										
F	CENTIFYING PHYSIC										
COMPLET	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	29b. IICHATURE AND TITLE OF CERTIFIER (Dr. Your)										
	The III	1/1//	VVV	VI	00	1099	151	5193			
2	30. NAME AND ADDRESS OF PERSONNEL	COMPLETED CAUSE	OF DEATH (ITEM 27) (1	iype, Print)		, , , ,	-				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	1.0=							
}	MAY 1 0 199	3 gedia	Davidson-Ra	ndell							
يازر	11171 111100	- 44									





1 -	FOR STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERTIE	ICATE OF	DEATH	DEC NO			
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH						3. TIME OF DEATH		
TRUMAN Albert WAL			MAY6. 190		YEAR			
	WILETIOE						8. BIRTHPLACE (State or Foreign	
230-32-6986	⊠ M 2 □ F 61	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 1,		Country) Virginia	
Se. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATION OF DE			TY OF DEATH	
JOHNS HOPKINS HOSE	PITAL			ORE CITY		7211 200		
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
	George's	C	ottage (City			1 ₺ YES 2 □ NO	
10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
4216 Cottage Terra	ace			20722		υ.	S.A.	
	2. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			pecify Cuban, Mexicer 3 2 X NO Specify			Specify;	
							Caucasian	
15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	18e. DECEDENT'S (Give kind of v	WORL OCCUPATE work done during m se retired.)	ON ost of working	16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck D					,	
17, FATHER'S NAME (First, Middle, Last)		Truck D	river		Const		on	
Chalmer Walla	3.0.0				ME (First, Middle, Maiden	Sumame)		
19e. INFORMANT'S NAME (Type/Print)	ice			Mary	Parrill			
Barbara Gail Wallac					loute Number, City or Tow			
20e. METHOD OF DISPOSITION					Cottage C			
1 K Buriel 2 □ Cremation 3 □ Remova	I from State 20t	netery, cremetory or of Lincol	DF DISPOSITION (N ther place)				City or Town, State	
4 Donation 5 Other (Specify)		Lincol				ntwoo	d, Maryland	
- 000 0 H	n n	1	Franc	NO ADDRESS OF FAC	Sone Fi	nora1	Home, P.A.	
- Steads F.	1304						lle, MD 20781	
23. PART I. Enter the diseases, or com	-	and the same of th						
Should be because out to the	oplications that cause	d the death. Do n	not enter tha mo	ode of dying, such	as cerdlec or respi	ratory arre	est, Approximete	
STIOCK, OF HEART TORIUTE. LIS	t only one cause on a	ech line.	not enter tha mo	ode of dying, such	as cerdiec or respi	ratory arre	est, Approximeta interval Between	
iMMEDIATE CAUSE (Final disease or condition	t only one cause on a	ech line.	not enter tha mo	ode of dying, such	as cerdlec or respi	ratory arre	est, Approximete	
IMMEDIATE CAUSE (Final	Rad 12	consequence of	not enter tha mo	ode of dying, such	as cerdiec or respi	ratory arre	est, Approximeta interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rad 12	consequence of	neumo	ode of dying, such	as cerdlec or respl	ratory arre	Approximeta interval Between Onset and Death	
iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A	CONSEQUENCE OF	not enter tha mo	ode of dying, such	as cerdlec or respl	ratory arre	Approximeta intervel Between Onset and Death 4 months	
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immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	not enter tha me	ode of dying, such	n as cerdlec or respi	AUTOPSY MED?	Approximate interval Between Onset and Death Amen His Umen His IO men His	
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	not enter tha me	ode of dying, such	Part I. 24s. WAS AN PERFORM	AUTOPSY MED?	Approximate interval Between Onset and Daeth Amon His Image of the Ima	
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immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cause. Examiners	DUE TO (OR AS A	A CONSEQUENCE OF	not enter tha me	ode of dying, such	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	Approximate interval Between Onset and Daath Amen His I men His I men His I men His 24b. Were autopsy findings Amilable Prior to Completion of Cause Of Death?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cause. Examiner? 1 Yes 2 No	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A ONTributing to death b	CONSEQUENCE OF	in the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	Approximate interval Between Onset and Daath Amen His I men His I men His I men His 24b. Were autopsy findings Amilable Prior to Completion of Cause Of Death?	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

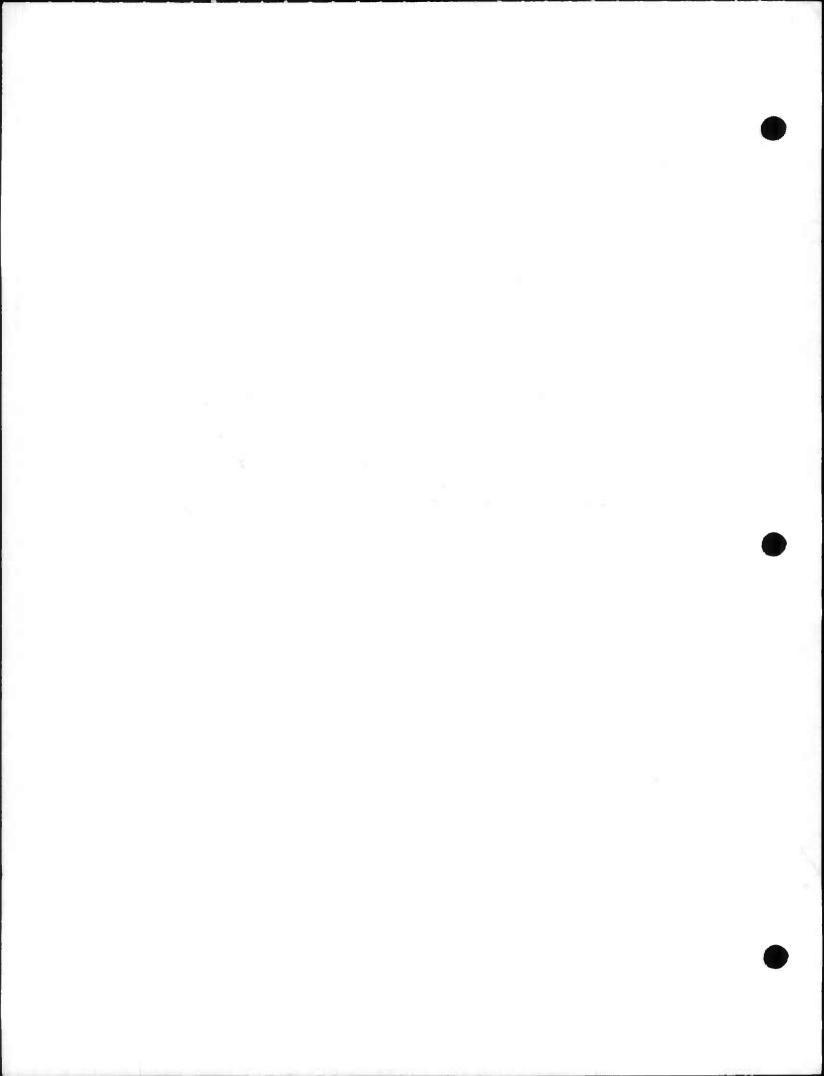
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law inquires that the death certificate his death certificate that the death certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-trainit permit. Pages 1, he filed within 72 hours after death with the State Dopt, of Health and Mental Hygiens prior to burial, certificial. or removal.

MAY 1 0 1993



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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) MAY 2 7 93

wil kin

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MD

MD

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Him.

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permit

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bloss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 foous after death. Page 6 may be retained by the 1 AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detains after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The Se is marked, or lifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the IR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Joseph	che		ed

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR DEWITT WALLACE WADDELL 24 1993 MAY 5:15 AMM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN. 1 X M 2 | F 231-12-7380 AUG 25 919 N. CAROLINA 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR UNION HOSPITAL ELKTON CECIL 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY CECIL MARYLAND ELKTON YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? LAURELWOOD NURSING HOME 21921 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Pi 1 ☐ YES XXNO Specify: 8 SpecifWHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9 FARMER FAMILY FARM 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) DEWITT TALMADGE WADDELL BE GEORGIA BISE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GENE WADDELL 350 CHROME ROAD, RISING SUN, MD 21911 20a_METHOD OF DISPOSITION
XIX Burlet 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State ROSEBANK CEMETERY 5-28-93 4 ☐ Donation 5 ☐ Other (Specify) RISING SUN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME uchara 0 re RISING SUN, MARYLAND 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one gause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): COPD. CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE DF): cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST ARCUB Hyperlie, Conste PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 - YES 2 - 40 Inpetient 2 - ER/Outpetient 3 - DOA me 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated,

29c. LICENSE NUMBER

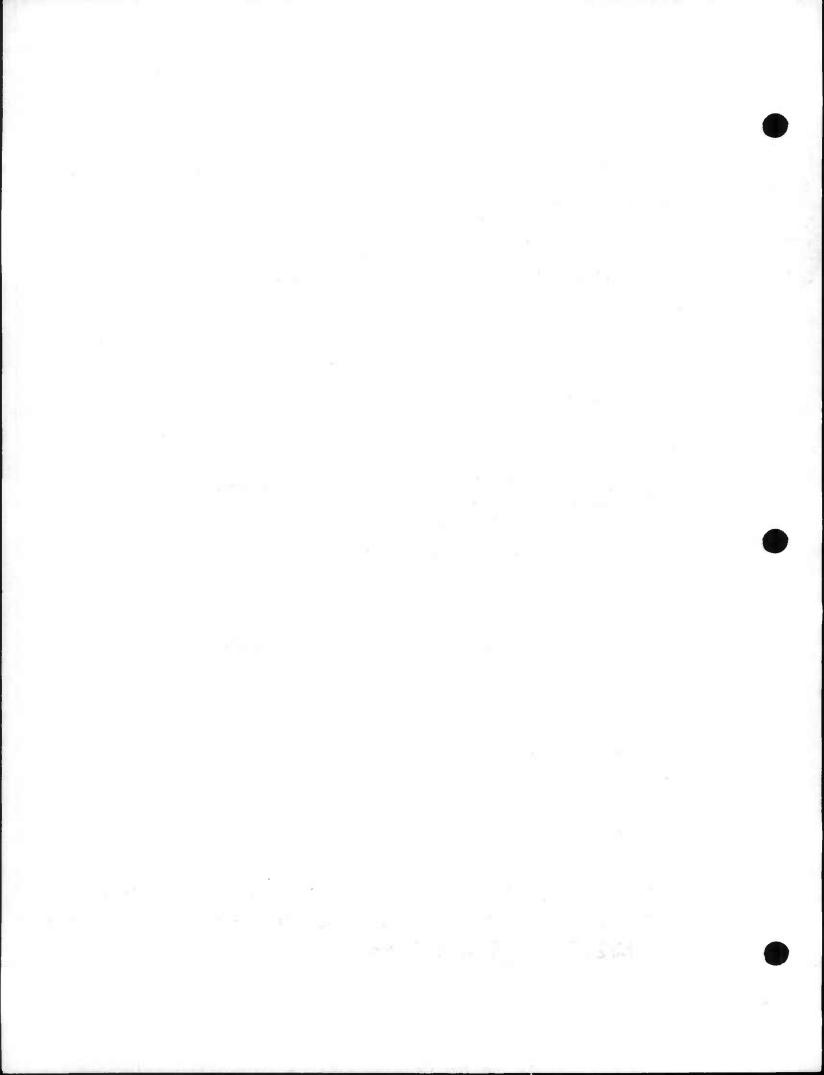
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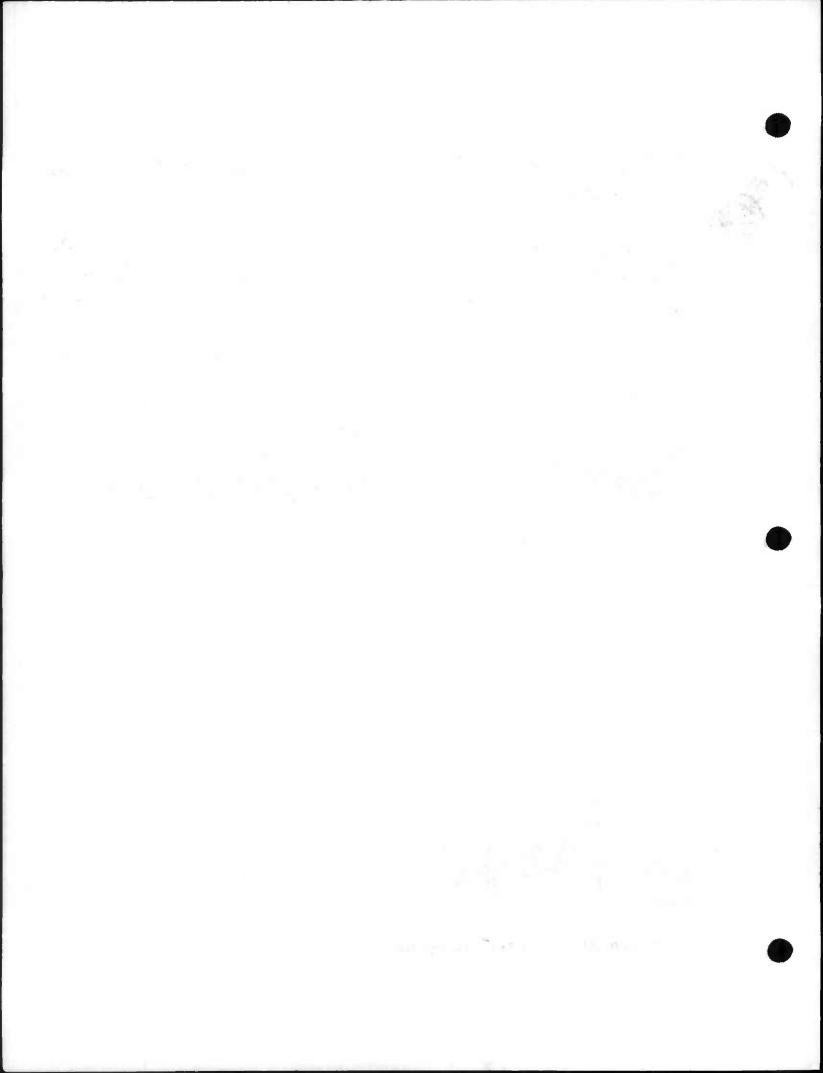
29d. DATE SIGNED (Month, Day, Year)

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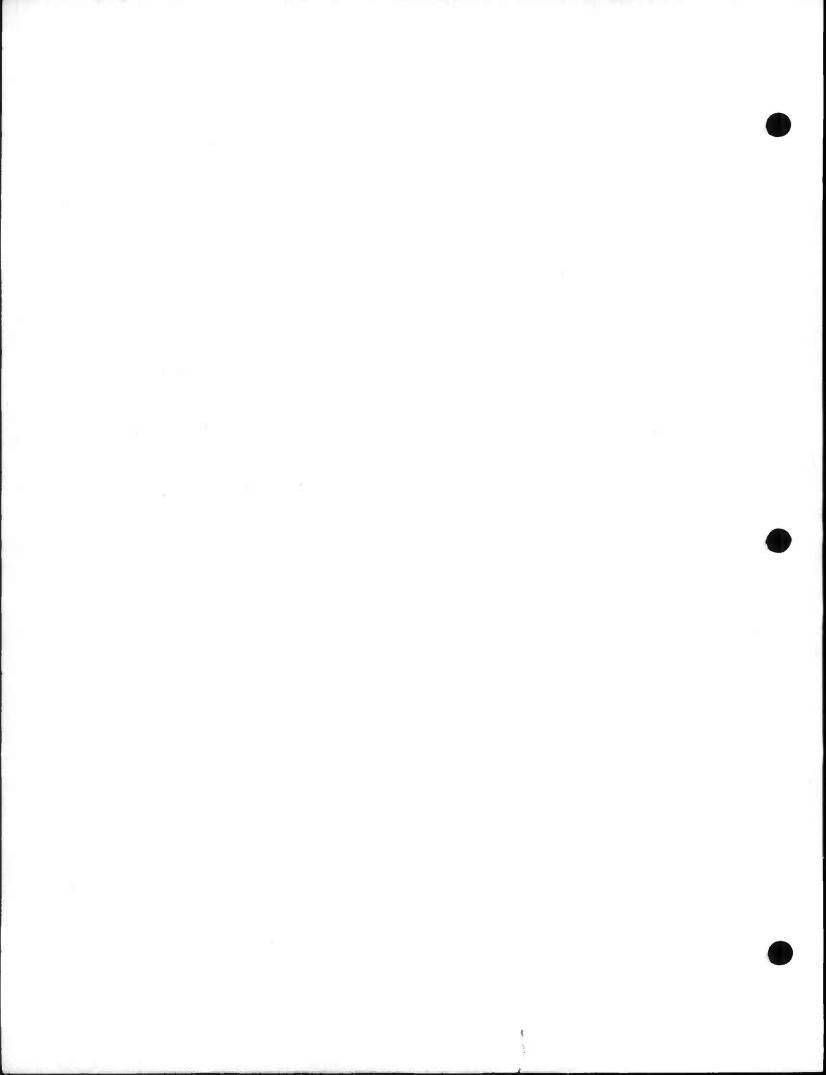


FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY	CERTIF					MENTAI	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ROLAND JAMES Y	OUNG						2. DATE MONTH 0.5	OF DEATH	AY	YEAR 93	time of DEATH 11:50 pm
	1.0.0.0	5. SEX 6. AG	E (In yrs. lest birthday) 75 YAS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	MIN.	(Month	OF BIRTH , Day, Year)	917	Country)	ACE (State or Faceign
OR	Pa. FACILITY NAME (II not institution, give stree RT 413 - CA	it and number)	4			N , MD				SOM	Y OF DEAT	T
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1-	10c, CIT	Y, TOWN C	R LOCAT	ION					100	d. INSIDE CITY
		Erset		MI	411	on	1	Vel	,			LIMITS?
FUNERAL	100. SPREET AND NUMBER	7			101.	ZIP CODE	8	38		10g. CITIZE	EN OF WHA	S COUNTRY?
BY FU	11. MARITÄL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES		t yes, spe	ENDENT OF city Cuben 2 NO	, Mexicar	n, Puerto F	? (Specify Ye licen, atc.)	s or No 1	4. RACE — Black, W Specify:	American Indian, thite, atc.
윤	15. DECEDENT'S EDUCAT (Specify only highest grade co.		16a. DECEDENT'S (Give kind of	work done o	CCUPATIO	N at of working		16b.	KIND OF BU	SINESS/INDU	STRY	2/1/01
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	bor retired.)				Ru	bbei	SET	C	srp.
BE CO	17. FATHER'S NAME (First, Middle, Last)	NUG				16. MOTH	ER'S NAM	AE (First, A	liddle, Maiden	Surname)	Fre	1
TO B	19a: INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street ar	nd Number o	or Rural R	oute Numb	er, City or Tou	n, State, Zip C	Code)	- ~
	20a, METHOD OF DISPOSITION	/	Ob. PLACE AND DATE	OF DISPOS	ITION /Nar	7 /	114	DATE	_	CATION - CI	718	38
	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State	emeter, ofemales or o		- (EME	TARY	- 29	92	MAr	ion	md.
	21. SIGNATURE OF FUNENAL SERVICE LICEN	2. War	2	3,	NAME AN	O U E	S OF PAC	4.	risi	Fizila	1, m	1/21817
	23. PART I. Enter the diseeses, or con shock, or heart failure. Lis	npilcetions that caus	ed the deeth. Do r	not enter	the mod	le of dyin	g, such	as card	lec or reap	iratory erres	st,	Approximete
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	MILTIF	7.	JUR	IES							interval Between Onset and Death
NO	Sequentially list conditions, b.	1	A CONSEQUENCE OF									
ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):								
IL CI	PART II. Other significant conditions of	contributing to death	but not reaulting	in the un	derlying	ceuse gi	ven in F	Part i.	24a. WAS AN		24b. WE	RE AUTOPSY FINDINGS
DICAL								_	PERFO		CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
I: MED								-			1(YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				NCE OF OE	ATH (Che	ck only one)			
IVSI	.V	Inpatient 2 ER/Ou 28a. DATE OF INJURY			Ing Nome	5 🗆 Resi	-					
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY	28c. INJU WOF 1 YI	IK7				u an. wan occn		railer
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	RY - At home, farm, a		ory, offica			281. LOCA		and Number of	Rural Route	Number,
	an- oppring					13						ON, MD
COMPLETED	(Check only	N: To the beat of my kno On the basis of examinat										d manner as stated.
BE C	286 SIGNATURE AND TITLE OF CENTIFIER	\mathcal{D}	1			29c. LICEN						onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	Q-A1	7			0.	C.M	Ε.		0	5-26	-93
	MARIO F GOLLE	JR Mr			L		D - 1	L 2.	-	Me	3 3	21201
	31. DATE BILLER Mogeth, Day, (bar) MAY 28 93	32. PEGISTRAB'S SIG		ın S	rei		RAL	((re.	Mary	rand	21201



	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HI		MENTAL HYGIEN		17020
	1. DECEDENT'S NAME (First, Middle, Last)	11				2. DATE OF DEATH		3. TIME OF DEATH
		Florence Lo	ouise Zimm	erlv		May 21,	-	10:30 p M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign country)
	431-20-2195 9e. FACILITY NAME (If not institution, give	1 🗆 M 2 🔣 F	79 YRS.		8	April 30,1		ashington,D.C.
DIRECTOR	Washington Adve			Takoma		EATH	9c. COUNTY	Montgomery
) E	10a. STATE 10b. COUNT			TOWN OR LOCATIO	ON			10d. INSIDE CITY
	Maryland A	nne Arundel			Laurel			LIMITS?
FUNERAL	10e. STREET AND NUMBER		1	10f. :	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	227 Margan				2072	24	Unit	ed States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
B≼	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			NO Specif		1	Specify:
	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S U			16b. KIND OF BUS	SINESS/INDUST	White
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most retired.)	of working			
MPI.	10		Sup	ervisor		N	I.S.A.	
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Melden	Surname)	
BE	Laurance Wi	lliam Lang				Enda France		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		,
8	E. Dorothy Inc					Bethesda,	Maryl	
	1 A Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE AND DATE OF	n Memori	24, 199	3 DATE 200. LO		Series Series
P	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //	Palklaw	22 NAME AND	ADDRESS OF FA	CILITY	KVIIIE	, Maryland
	Demi	Kerket	M00335	HVCHUC	Declies	da, maryra	iliu ZUO.	me/ 57 Wisconsin
	23. PART I. Enter the diseases, or shock, pr heart fallium	LIST DOLY ONE CHIEF ON	each line	t enter the mod	of dying, suc	h as cardiac or reapi	ratory arreat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	CERE	RRANK	CIVE	21	ACCIDE	ENT	Interval Between Onset and Death
	resulting in death)	a						140
		4 1 0	A CONSEQUENCE OF)					100
O.	Sequentielly list conditiona, if any, leeding to immediate	D						
S S	cause. Enter UNDERLYING CAUSE (Disease or Injury	RENOU	ASC UC	Dr H	YPEN	CLENNIE	ON	
TIE	thet initieted evente	DUE TO (OR AS	A CONSEQUENCE OF):		2/11	CUAR	Car	sury
CERTIFICATION	resulting in death) LAST	a. HIHER	101CTE	NOTIC	VAS	CUMI	07	VENE
AL C	PART II. Other significent condition	ns contributing to death	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
20	MYOCA	MAC	15 CE	MEM(A	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	CONGE	STIVE	HERR	8 /	AK UK	E	20,10	OF DEATH? 1 YES 2 NO
z	NENA	1 1	ILUNE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Ch	eck only one)		
YSI	1 TYES 2 THO	1- Inpstient 2 - ER/Out		OTHER:	5 🗆 Residence	8 Other (Specify)		
E E	27. MANNER OF DEATH 1. Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WOR	(?	28d. DESCRIBE HOW II	NJURY OCCURE	D
B	2 Accident Investigation 3 Suicide 6 Could as be	28a PLACE OF IN HIS	Y — At home, term, str		S 2 NO			
TED	4 Homicide Could not be determined	building, etc. (Spe	ecify)	eet, ractory, office		281, LOCATION (Street a City or Town, State)	ind Number or Ro	unii Route Number,
COMPLET	29e. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my know	wiedge, death occurred	at the time, date a	nd place, end due	to the cause(e) end men	iner as stated.	
ŏ	one) 2 MEDICAL EXAMIN	ER: On the besis of examination	on end/or investigation,	In my opinion, des	th occured at the	time, date end place, en	d due to the ceu	use(s) end menner es stated.
l w	29b. SIGNATURE AND TITLE OF CERTIFIE	R O M	1010		Pec. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
10 B	Warid S. Ju	o-steig /9	OMICC		36	865	▶ J.	122/33
	30. NAME AND ADDRESS OF PERSON WI	RENG M	EATH (ITEM 27) (Type, P	TMUX	NOU	ERD, SIC	VER	sprainte
	31. DATE FILED (Month, Day, Year)	Julia Davidso	NATURE DO DO					
	MAY 24 1993	June murason	Ar-Markan					



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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	40	2	Ō	-
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	0	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical as
	-	-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	=

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) BERTHA E. ZANGARDI 2. DATE OF DEATH MONTH 3. TIME OF DEATH Bertha 12ABETH 24N9AR 7. DATE OF BIRTH 6:30 Q# 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month. Pennsylvania
sc. COUNTY OF DEATH DAYS 1 M 2 DF 193-12-2965 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4705 WISSAHICAN AVENUE ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY maryland montgomery Rockvill 1 TES 2 NO 100. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 4705 SSa 20853 nican 4.5-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE If yes, specify Cuhan, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 1 BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

LIOMEN AVI 16b. KIND OF BUSINESS/INDUSTRY HOMEMAKER lary (0-12) College (1-4 or 5+) 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MICHAEL ALFIERI 8 ELIZABETH RUSSINELO 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FREDERICK C. ZANGARDT 4705 WISSAHICAN AVENUE ROCKVILLE MARYLAND 20853 29a. METHOD OF DISPOSITION
1-1 Burlai 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. 21. SIGNATURE OF BUNERAL SE 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pely one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE D ermany PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 - Nursing Ho ne 5 Assidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1- Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be COMPLETED 4 Homicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 66 wa 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARRI he 31. DATE FILED (Month, Day, Year) 32. PEGISTRADIS SIGNATURE Randalle 2 8 1993

3. TIME OF DEATH 0934

8. BIRTHPLACE (State or Foreign Country)

Maryland

MONTGOMER

4.5

FUNERAL

BY

BE COMPLETED

2

burial-transit

page 5 should be detached for use as the

funeral director,

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

notified at

pe

must

examiner

medical

the

other traumatic event,

0 Injury,

this certificate has been signed by the with the State Dept. of Health and rked, or Item 23 shows any in

marked,

80

28

Hem

DIRECTOR: After the hours after death v

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

o

STATE REGISTRAR	OINIE OI I	CERTIF	ICATE OF		MENIAL HYGIENI REG. NO.		
DENNIS L	= DWA	RD ALE	XAND	FR.	2. DATE OF DEATH MONTH DA	YEAR 3.	. T
45 - 74 - 1580	5. SEX	6. AGE (In yrs. lest birthday)		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPL Country) Mary	
FACILITY NAME (If not Institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY OF DEAT	ГН

0 9e. FACILITY NAME (If not Institution, give street and number) RESIDENCE OF DECEDENT DIRECTOR ON

POOLESVICLE 10c. CITY, TOWN OR LOCATION

GERMANTOW

10f. ZIP CODE

10d, INSIDE CITY LIMITS? 1 LYES 2 NO 10g, CITIZEN OF WHAT COUNTRY?

10e. STREET AND NUMBER 9708

3 Widowed 4 Divorced

11. MARITAL STATUS

1 Never Merried 2 Merried

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO ORCES? 1 YES 2 YES, GIVE WAR OR DATES

208 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify:

14. RACE — American Indian, Black, White, atc. WHITE

15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)

College (1-4 pr 5+)

shock, or heart failure. List only one ceuse on each line.

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) PANITOR

166. KIND OF BUSINESS/INDUSTRY SYSTEM CHOOL

12 17. FATHER'S NAME (First, Middle, Last)

OLIVER

ALEXANDER

18. MOTHER'S NAME (First, Middle,

ROLTUR

MARY LEE SURBER

205 LEE 20b. PLACE AND DATE OF DISPOSITION (Name of

196. MAILING ADDRESS (Stre

GATTHER SBURG, MO 20877 20c. LOCATION — City or Town, State DATE

200. METHOD OF DISPOSITION

20e. METHOD OF DISPOSITION
1 Burlet 2 Cremetton 3 Removel from State
4 Di Donetton 5 Di Other (Specify) AND TEALY BOLED
21. DIGHATURE OF FUNDINAL SERVICE LICENSEER O 1.2 L.d. MD HVATENY Wade, Dir 22.

BURRU 22. NAME AND ADDRESS OF FACILITY

6/8 BALTU. MO State Anatomy Board 655W.BaltimoreSt, Balto, MD 21201

6/9/93

23 PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest,

Approximate interval Between Onaet and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

DUE TO (OR AS A CONSEQUENCE OF):

ACUTE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF): DEPRESSION DUE TO (OR AS A CONSEQUENCE OF).

NDEI

	0.					
PART II. Other significent co	onditions contribution	g to deeth but m	not resulting i	in the under	rlying ceuse giv	en in Part

	AN AUTOPSY ORMED?
1 TYES	2 7 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? TES 2 NO

1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year)

OTHER: 28b. TIME OF 28c. INJURY AT WORK?

nce 6 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

5 Pending 2 Accident 3 L Suicide 8 Could not be 4 Homicide

27. MANNER OF DEATH

1 Netural

66 М 1 YES 06 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify)

281. LOCATION (Street and No City or Town, State)

ARKING. 29e. CERTIFIER

(Chack ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge,

and due to the cause(e) and manner as stated. time, date end place, end due to the ceuse(e) and mar

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

26. PLACE OF DEATH (Check only one)

29d. DATE SIGNED (Month. Day, Year)

JUN

32. REGISTRAR'S SIGNATURE

2 MEDICAL EXAMINER: On the basis of exami

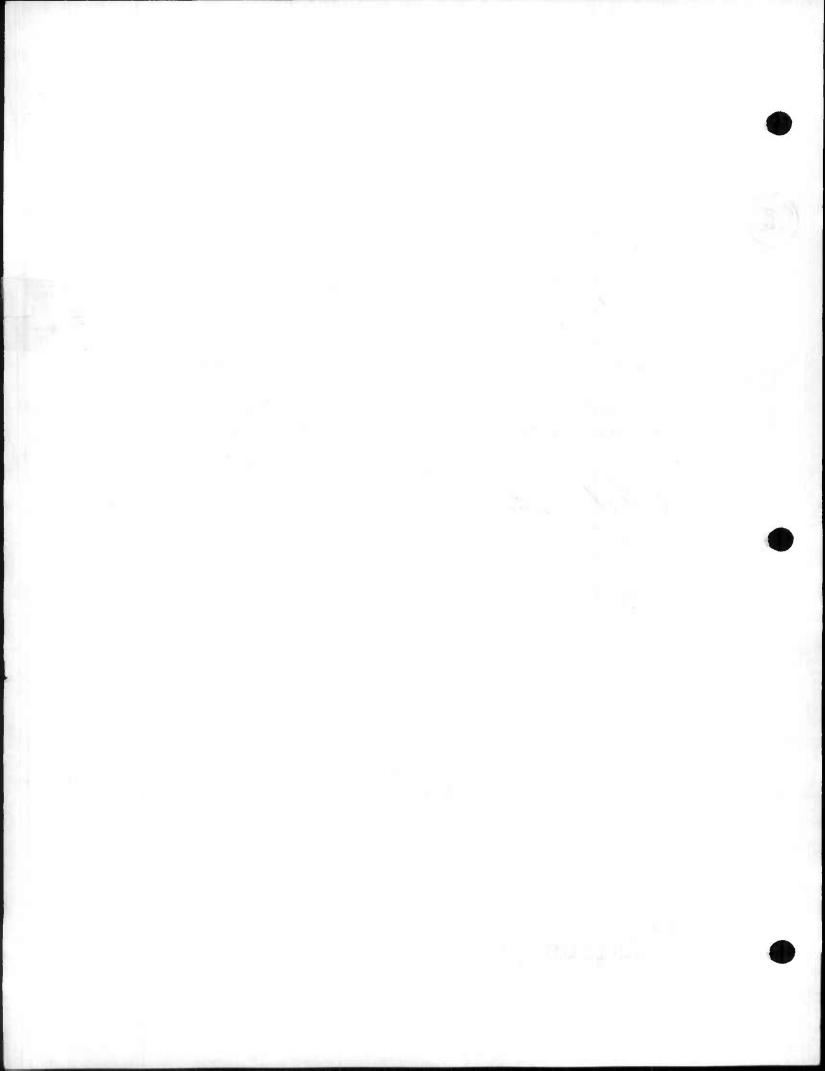
10215 which Dandson Rendell

DHMH-16 Rev 1/89

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 hours after death. Page 6 may be retained by the hospital or attending physician. **MARYLAND 21215-0020** BALTIMORE,

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF I	HEALTH AND	MENTAL	HYGIENE		, 17020
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
	ERNEST	CHARLES		ADA	MS	06	0 4	1993	10:55 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)	8. BIF	THPLACE (State or Foreign intry)
	216-14-7813	XX 2 □ F 68	YRS.	MONTHS DAYS	HOURS MIN.		24-24		V.C.
~	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF			9c. COUNTY OF	
0	1017 NORTH DUI	RHAM STREET		BALT	IMORE				
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOCA					10d. INSIDE CITY
Ha	Md.			Baltim	ore				LIMITS?
AL	10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	3603 Montery Ro	₫.			21218			Usa.	
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S A FORCES? 1 YES 2	RMED	13. WAS DE	CENDENT OF HISP	ANIC ORIGIN	(Specify Yes		CE - American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗀 YES	octify Cuban, Mexico 3 2 NO Spec		ican, etc.)		ecity:
ED E	15. DECEDENT'S EDUC	CATION 160 f	DECEDENT'S	USUAL OCCUPATI	ON	Lan	VAID OF BUOK		Black
	(Specify only highest grade Elementary/Secondary (0-12)	completed) ((Give kind of vite. Do NOT us	vork done during m	ost of working	160.	KIND OF BUSI	NESS/INDUSTRY	
립	12	Conega (1-4 or 5+)		Labore	γ				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, M	iddle, Maiden S	'umame)	
BE		Reather	Adam	S	Lil	lie W	'illia	ms	
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rura				
-	Bernice Morgan		211	Glenwo	od Ave.	Balt	imore	.Md. 2.	12
	200 METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo	oval from State 20b. PLACE	EAND DATE O	OF DISPOSITION (N		1		ATION — City or	
	4 Donation 5 Other (Specify)	King	Mem	Park			3Rana	lallst	own, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	b	22. NAME A	ND ADDRESS OF F	ACILITY 63	88 N.	Gilmo	r St. 21217
	Malle			Alber	t P. W	ylie-	Morti	ician	
	23. PART I. Enlar the diseases, or c ahock, or heart fallure. I	omplications that caused the d	death. Do n	ot antar tha mo	oda of dying, au	ch as cardi	ac or respire	ntory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final			(\	\cap	I		Onset and Death
	disease or condition resulting in death)	. Jush	= t i	mi	d 0	158	+		
		DUE TO (OR AS A CONSI	EOUENCE OF	7:					
0 N	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSE	EOUENCE OF	ŋ:					
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events	OUE TO (OR AS A CONSE	EOUENCE OF	7):					
CERTIFICATION	reaulting in death) LAST	l							
AL C	PART ii. Other significant conditions	contributing to death but not	rasulting I	n tha underlyin	g cause given i	n Part i.	24a. WAS AN A	UTOPSY 2	4b. WERE AUTOPSY FINDINGS
\2				,			PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 X YES 2	_ NO	DF DEATH?
=						-			. 120 22 110
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (C	heck only one)		
Sic	1 NO NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5½ Viesidence	6 🗆 Other	(Specify)		
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. DE\$0	CRIBE HOW IN.	JURY OCCUREO	
B	1 Natural 5 Pending 2 Accident Investigation	06/04/1993	110:4	10 PM 10	YES 2 ND	SUI	BJECT	SHOT	
	3 Suicide 6 Could not be 4 M Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, a	treet, lactory, offic	•	281.10CA	Town, Street and	RIH OU	RHAM STREE
E I	**	Δ'	OH T	/E		1	TIMOR		YLAND 2120
절		CIAN: To the best of my knowledge, d							
COMPLETED	2 X MEDICAL EXAMINES	R: On the basis of examination end/or	r Investigation	n, in my opinion, o	leath occured at th	e lime, date e	end place, end	due to the ceus	e(a) end menner es stated.
BE (296. SIGNATUSIE, AND TITLE OF CENTIFIER				29c. LICENSE NO				ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMO ETEC CAMPA	F14 AT -		0.C.	M.E.		▶ 06/	05/1993
	MIDIXON	11	1 Per		eet, Ba	ltimo	ore, l	Maryla	nd 21201
3	31. DAY'E FILED (Month, Day, Year) JUN 1 0 1993	32 REGISTRAR'S SIGNATURE Julia Davidson-R	indelle				-		

.

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2XXNO

14. RACE — American Indian, Black, White, atc.

20707 Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE

1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Year) 6-893

6. BIRTHPLACE (State or Foreign South Carolina

Рм

24a. WAS AN AUTOPSY PERFORMEO?

1 YES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

notified at

must be

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
R ATTENC	2	urs after (
PITTA OR	HA DIREC	Poor Poor
0	55	de

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

4 Homicide

												7 0	1/0
FOR STATE REGISTRAR		STATE OF I					EALTH AI			YGIEN EG. NO.	E		
1. DECEDENT'S NAME (First	Middle, Last)		-						2. DATE OF D				3. TIME OF DEA
Clyde	Wil:	liam All	len, Jr						June 6	DA	993	YEAR	6:50
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)		1 YEAR	IF UNDER 24 I	HRS.	7. DATE OF B	IRTH			HPLACE (State or I
247-62-767	73	XX M 2 D F	54	YRS.	MONTHS	DAYS	HOURS N	RIN.	7-10-3			SOIL	th Caro
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	r, TOWN (OR LOCATION	OF DE			9c. COL	INTY OF D	
10002 Map	e Aver	niie				Colu	mbia				Но	ward	
RESIDENCE OF DEC	EDENT					0014	mora				110	waru	
10e. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CIT
Maryland	Howar	rd		Co	lumb	ia							1 TES 2X
10e. STREET AND NUMBER						101	. ZIP CODE				10g. CI1	IZEN OF	WHAT COUNTRY?
10002 Map1	e Avei	nue					21046					USA	
11. MARITAL STATUS		12. WAS DECEDEN	EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF H	ISPAN	IC ORIGIN? (Sp	ecify Yea			E — American Ind
1 Never Married 2 XX		FORCES? 4	YES 2	NO		It yes, sp	ecity Guban, M	faxicar	n, Puerto Ricen.	etc.)			E — American Ind k, White, atc.
3 Widowed 4 Divo	rced		1962			I _ TES	ZXXWO :	speciny	:			Spec	White
	EDENT'S EDU	CATION		DECEDENT'S	USUAL C	CCUPATIO	ON .		16b KINI	OF BUS	INESS/IN	DUSTRY	WIIICC
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done	durina ma	est of working		100.11.			0001111	
12	,	6	′	Comput	er S	cien	tist		GOY	ern	ment		
17. FATHER'S NAME (First, M	iddle, Last)			, op a b	02 0	01011		'S NAI	ME (First, Middle				
Clyde W. A	llen.	Sr.							Hodge		,		
19a. INFORMANT'S NAME (7			Т	19b. MAILING	ADDRES	S (Street a			loute Number, Ci	tv or Town	, Stete, Zi	p Code)	
Arleen K.	Allen			10002							a, M		1046
20a. METNOD OF DISPOSIT	ION		20b. PLA	CEANDDATE					DATE			City or To	
1 Donation 5 Other		oval from State	cemetery,	cremetory or o	ther place)		1 Gard	one	1				, S.C.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	//	IIIIawii			NO ADDRESS			эра	Lan	burg	, 5.0.
1/	0,00	Do Voal	1/2.			F1ec	k Fune	ra.	1 Home	In	c.		
100	ear	Sucre	Lay.			7601	Sandy	Sı	oring I	Road	La	uro1	MD 21
23. PART I. Enter the di shock, or h	seeses, or c	complications the List only one car	t caused the	death. Do i	not enter	the mo	de of dylng,	such	es cerdisc	or respi	ratory sr	rest,	Approxim
IMMEDIATE CAUSE (Fir		A	1										Onset an
disease or condition	→ `	- (1	6 XCI	hoots		1 E	Per	100	0455				110
resulting in death)	19	DUE TO	(OR AS A CON	SEOUENCE O	F):	01	- 10	CI	160				19
			•										1
Sequentially list conditi		b	(OR AS A CON	SECULENCE O	E).								_
If any, leading to immed cause, Enter UNDERLY			(5:1 NO N 00N	JEJOENGE O	. ,.								
CAUSE (Disease or Inju		C	(OR AS A CON	RECUENCE O	m.								-
that initiated events resulting in death) LAS	T	DOE 10	(OII NO A CON	SECUENCE U	r):								

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) 28a, OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCUREO 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER.

29c. LICENSE NUMBER

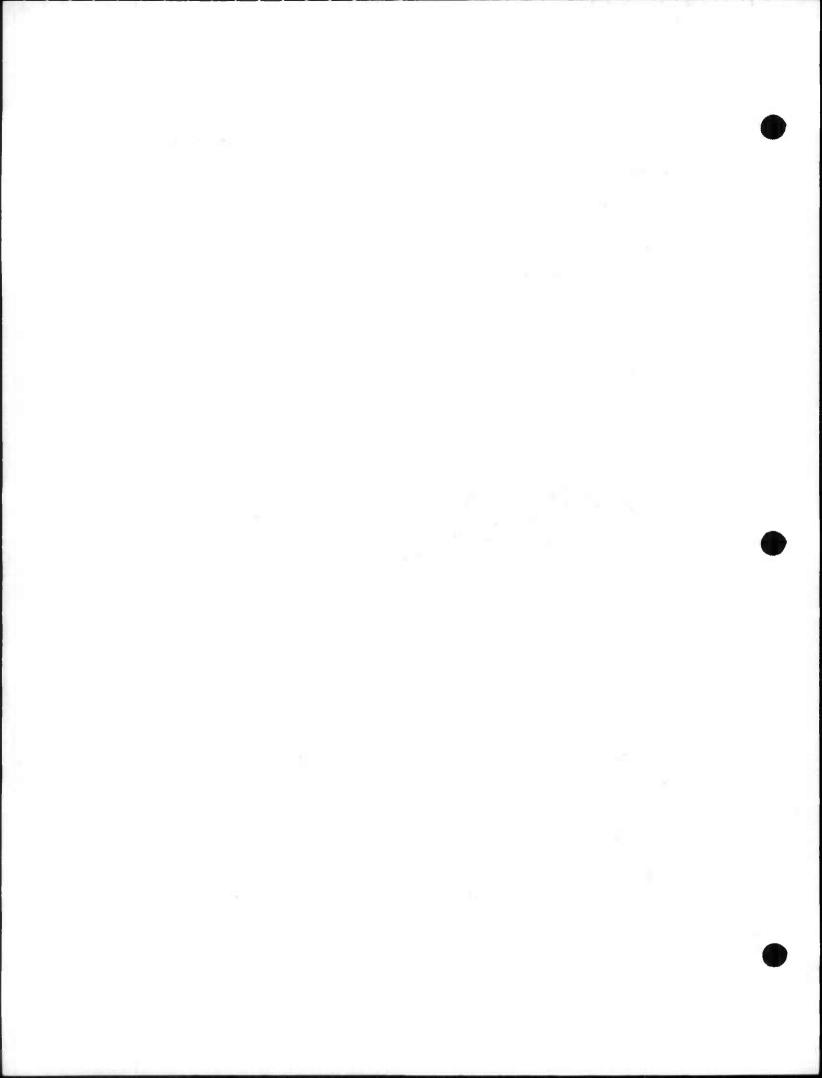
04845

PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Kno

32. REGISTRAR'S SIGNATURE
Funda Day don- Andelle

6 Could not be determined



1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

SOCIAL SECURITY NUMBER? 212—20-2354 *** FACLITY NAME (" not multiplica, give street and motion) *** FACE THE JOHN'S HOPKINS HOPKINS HOPKINS *** FACE THE MADE (" not multiplica, give street and motion) THE JOHN'S HOPKINS HOPKINS HOPKINS HOPKINS *** BALTIMORE CITY *** SECURITY NAME (" not multiplica, give street and motion) THE JOHN'S HOPKINS HOPKINS HOPKINS HOPKINS *** BALTIMORE CITY *** SECURITY NAME (" not multiplica, give street and motion) *** PACTITY NAME (" not multiplicated give street and motion) *** SETTING N		1. DECEDENT'S NAME (First, Middle, Last, LULA BROOKS								JUNE	ດ7 . "າ	1993	YEAR (9:31 A.N
THE JOHNS HORNERS OF MARKET AND NUMBER OF THE WARD OF STATE OF AND AND ADDRESS OF THE JOHN AND ADDRESS		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	DIRTH		8. BIRTHP	LACE (State or For
THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE BALTIMORE CITY BALTIMORE				78	YRS.				7000	(Month, De 1-2	ay, Year)		VI	RGINIA
BALTIMORE SACTION STREET AND NUMBER 20 N. WASHINGTON STREET APT. 1104 21231 10.00 11	TOR	THE JOHNS HOPKIN		\L	4					ATH				
TO I N. WASHINGTON STREET APP. 1.104 20 N. WASHINGTON STREET APP. 1.104 21. WAS DECROENT EVER IN U.S. A. A. D. T. 1.104 21. WAS DECROENT OF HISPANIC ORIGINIT (Specify Na or No. 1.10 No. C. A. D. T. 1.104 21. WAS DECROENT OF HISPANIC ORIGINIT (Specify Na or No. 1.10 No. C. A. D. T. 1.104 21. WAS DECROENT OF HISPANIC ORIGINIT (Specify Na or No. 1.10 No. C. A. D. T. 1.104 21. WAS DECROENT OF HISPANIC ORIGINIT (Specify Na or No. 1.10 No. C. A. D. T. 1.104 21. WAS DECROENT OF HISPANIC ORIGINIT (Specify Na or No. 1.10 No. C. A. D. T. 1.104 22. WAS DECROENT OF HISPANIC (First No. C. A. D. T. 1.104 23. WINDOWS 4 Droved or No. C. D. T. 1.104 24. DOCUMENT OF HISPANIC (First Model, Marketon Droved Decroent or Hispanic Original Ori	DIREC	10e. STATE 10b. COUNT	TY											LIMITS?
Sequentially list conditions, or heart failure. List only off cause on each line. Sequentially list conditions, resulting in death) Sequentially list condit list list list list list list list li		10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZI		
S Widowed Directed Direct	ER	201 N. WASHINGTO	N STREET	API	. 110)4		2123	1					
Secretary Secr	B	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOEN	YES 2	ARMED	13.	WAS DEC	ENDENT Control of the	OF HISPAN In, Mexica Specify	IIC ORIGIN? (S n, Puerto Rica :	specify Yes n, etc.)	or No— 1	Black, Specify	White, etc.
BENJAMIN TALLEY 198. MATCHARDSON 198. MATCHARDSON 198. MATCHARDSON MAMIE TALLEY 1306 N. VALLEY ST. BALTIMORE, MD 21202 209. METHOD(of DISPOSITION 1) Genoval from State 200. PLACE AND DATE OF DISPOSITION (Name of Public Number of Public Number of Public Number of Revent Public Number of Public Number of Revent Number of Reve		15. DECEDENT'S ED	UCATION							16b. KIP	ND OF BUS	INESS/INDU		LACK
BENJAMIN TALLEY 198. MATTERIARDSON 199. MATT	PLET	Elementary/Secondary (0-12)		4)	We. Do NOT L	ise retired.)		ast of working	ng				RE	
BENJAMIN TALLEY 190. MAINING ADDRESS (Simet and Number or Partel Route Number or Part Route Number or Part Route Number or Route Rumber or Rumber Rumber Rumber or Rumber Rumber or Rumber Rum	Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	lle, Maiden S	Surname)		
198. MALING ADDRESS (Street and Number or Rural Boate Number, City or Town, State, 20 Code) 199. MALING ADDRESS (Street and Number or Rural Boate Number, City or Town, State, 20 Code) 1306 N. VALLEY ST./BALTIMORE, MD 21202 1306 N. VAL		BENJAMIN TALLEY												
Table Tabl					19b. MAJLIN	ADDRESS	S (Street a	ind Number	or Rural I	Route Number, (City or Town	n, State, Zip (Code)	
Comparing the contribution of the contributing to death but not resulting in the underlying cause given in Part I. Due to (OR AS A COMBEQUENCE OF):	ř	MAMIE TALLEY												
ARRITTUS MEMORIAL PARK 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 E. NORTH AVENUE 23. PARTY-Enter the diseases, or complicialons that coused the deeth. Do not enter the mode of dying, such as cardisc or respiretory arrest, shock, or heart failure. List only oftw cause on each line. IMMEDIATE CAUSE (Fine) diseases or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF		20g. METHOD OF DISPOSITION	noval from State					ime of		OATE	20c. LOC	CATION — C	ity or Tow	n, State
22. NAME AND ADDRESS OF FACRITY WM. C. MARCH F. H. / 1101 E. NORTH AVENUE 23. PART H-Enfer the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval as a pock, or heart failure. List only only cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE		4 Donation 5 Other (Specify)						PARK			ARB	UTUS,	MD	
23. PART + Enfet the diseases, or compliciations that ceused the deeth. Do not enter the mode of dying, such as cardlec or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) PUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE O		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	//						CILITY				
23. PART + Enfet the diseases, or compliciations that ceused the deeth. Do not enter the mode of dying, such as cardlec or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) PUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE O		► 1 T 1 0 1 (V)	110 1											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 25b. PLACE OF DEATH (Chack only one) 25c. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 3 NO 1 Inpatient 2 REVOlutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27b. NANNER OF DEATH Natural 5 Pending Investigation 28c. DATE OF INJURY MONTH. Die; Vee! 28c. DATE OF INJURY NURRY AT NURRY AT NURRY AT NURRY AT NURRY AT 1 YES 2 NO 28c. DATE OF INJURY NURRY AT NURY		IMMEDIATE CAUSE (Fine) disease or condition	complications in a case.	at ceused the use on each li	deeth. Do	not enter	the mo	de of dy	ing, suci	as cardlec	or respir	retory arre	st,	Approxima
PERFORMED? 1 YES 2 NO	HTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Due to	OR AS A CONS	EQUENCE O	not enter	the mo	de of dy	ing, suci	as cardlec	or respir	retory arre	st,	Approxima
27. MANNER OF DEATH 28a. DATE OF INJURY (Mount, Cinc. Neer) 28b. DATE OF INJURY (Mount, Cinc. Neer) 28b. TIME OF INJURY AT WORK? 3 Sections Investigation 2 Sections Investigation 3 Suicide 8 Could not be determined determined 4 Honoloide determined	RTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO	(OR AS A COME	EQUENCE O	not enter	C V	ade of dy	oing, suci	as cardled	or respir	retory arre	st,	Approxima
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Chic. Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28b. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK?	MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO	(OR AS A COME	EQUENCE O	not enter	C V	ade of dy	oing, suci	Part I. 24	a. WAS AN J	ALTOPSY MED7	st, Se	Approximatinterval Be Onset and J G J L J L J L J L J L J L J L J L J L
2 Accident Investigation M 1 YES 2 NO 2 Suicide S Could not be determined Sec. (Specify) Sec. (Specif	MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO B. DUE TO C. DUE TO C. DUE TO	(OR AS A COME	EQUENCE O	OF):	the mo	de of dy	ing, suci	Part I. 24	a. WAS AN J	ALTOPSY MED7	st, Se	Approximatinterval Bet Onset and J G J L L L L L L L L L L L L L L L L L
3 Suitcide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number Of Bural Route Number Of Street Route Number Of Street Route Number Of Street Route Number Of Street Number Of Street Route Number Of Street Numbe	SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficiently to the conditions of the	b. DUE TO BUE TO C. DUE TO C. DUE TO HOSPITAL: 1 [] Inputient 2	(OR AS A COMS (OR AS A COMS (OR AS A COMS (OR AS A COMS	EQUENCE O	in the un	the mo	2 CBUSE (given in	Part I. 24	a. WALS AN J. PERFORM	ALTOPSY MED7	st, Se	Approximatinterval Be Onset and J G J L J L J L J L J L J L J L J L J L
	PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditions. 25. WAS CASE REPERRIED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending	a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 1 Dispatient: 2	(OR AS A COMS (OR AS A COMS (OR AS A COMS (OR AS A COMS	EQUENCE O	OTHER OF Num	the mo	ace of dy	given in	Part I. 24	a. WALS AN J. PERFORM	MAITOPSY MEDY	240. 1	Approximatinterval Be Onset and J G J L J L J L J L J L J L J L J L J L
	ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficiently limited to the cause of the	e. DUE TO b. DUE TO c. DUE TO d. DUE TO DUE	(OR AS A COMS (OR AS	EQUENCE O	OTHER AUTON MINISTRAL STREET	28. PL RI: wing Hom 28c. INJ WO 1 United	ACE OF D	given in sidence	Part I. 24s Light only one) B Cother (Signer B) 28f. LOCATIO City or B)	a. WALS AN A PERFORM PERFORM YES 2 DISCOVER HOW IN	AUTOPSY MED7 MO MUNITY OCCU MO Mo Munitar as stated	240. 9	Approxima Interval Be Onset and J G 1
	D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficiently like a light of the cause. Examiner? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation a linearity like and the determined. 25e. CERTIFIER CERTIFYING PHYS (Check only linearity linear	b. DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A COMS (OR AS	EQUENCE O	OTHER AUTON MINISTRAL STREET	28. PL RI: wing Hom 28c. INJ WO 1 United	G CBUSE (ACE OF D S C Re URY AT VER 2 and place eath occur	EATH (Che stidence I NO	Part I. 24s Light only one) B Cother (Signer B) 28f. LOCATIO City or B)	a. WALS AN A PERFORM PERFORM YES 2 DISCOVER HOW IN	AUTOPSY MED7 MO MUNICIPAL AUTOPSY MED7 MO	246. 9 (Cause(s) (Cause(s))	Approxima interval Be Onset and J G J L J L J L J L J L J L J L J L J L
29d. DATE SIGNATURE AND TITLE OF CAPITIFIER 29d. DATE SIGNED Advert. Day. Mont.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficiently like a light of the cause. Examiner? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation a linearity like and the determined. 25e. CERTIFIER CERTIFYING PHYS (Check only linearity linear	b. DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A COMS (OR AS	EQUENCE O	OTHER AUTON MINISTRAL STREET	28. PL RI: wing Hom 28c. INJ WO 1 United	G CBUSE (ACE OF D S C Re URY AT VER 2 and place eath occur	EATH (Che stidence I NO	Part I. 24s Light only one) B Cother (Signer B) 28f. LOCATIO City or B)	a. WALS AN A PERFORM PERFORM YES 2 DISCOVER HOW IN	AUTOPSY MED7 MO MUNICIPAL AUTOPSY MED7 MO	246. 9 (Cause(s) (Cause(s))	Approxima interval Be Onset and J G J L J L J L J L J L J L J L J L J L
296. LICENTO TURE OF CONTIFIER 296. DATE SIGNED MINISTER 296. DATE SIGNED	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	SINGER PRINCE OF CEPTIFE CONGRESS OF CONDITION OF SECURITY OF SECU	b. DUE TO DUE	(OR AS A COMS (OR AS	EQUENCE O	OTHER OF JUNY M Street, fact	28. PL RI: wing Hom 28c. INJ WO 1 United	G CBUSE (ACE OF D S C Re URY AT VER 2 and place eath occur	EATH (Che stidence I NO	Part I. 24s Light only one) B Cother (Signer B) 28f. LOCATIO City or B)	a. WALS AN A PERFORM PERFORM YES 2 DISCOVER HOW IN	AUTOPSY MED7 MO MUNICIPAL AUTOPSY MED7 MO	246. 9 (Cause(s) (Cause(s))	Approxima interval Be Onset and J G Y L MENE AUTOPSY FIN MALABLE PRIOR TO COMMILE PRIOR TO
296. LICENS JUNE AND TITLE OF CHITTIFIER 296. DATE SIGNED MINITE. Day, Mary	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	SINGER PRINCE OF CEPTIFE CONGRESS OF CONDITION OF SECURITY OF SECU	b. DUE TO DUE	(OR AS A COMS (O	EQUENCE O	OTHER OF JUNY M Street, fact	28. PL RI: wing Hom 28c. INJ WO 1 United	G CBUSE (ACE OF D S C Re URY AT VER 2 and place eath occur	EATH (Che stidence I NO	Part I. 24s Light only one) B Cother (Signer B) 28f. LOCATIO City or B)	a. WALS AN A PERFORM PERFORM YES 2 DISCOVER HOW IN	AUTOPSY MED7 MO MUNICIPAL AUTOPSY MED7 MO	246. 9 (Cause(s) (Cause(s))	Approxima interval Be Onset and J G J L J L J L J L J L J L J L J L J L

" die

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in the the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.

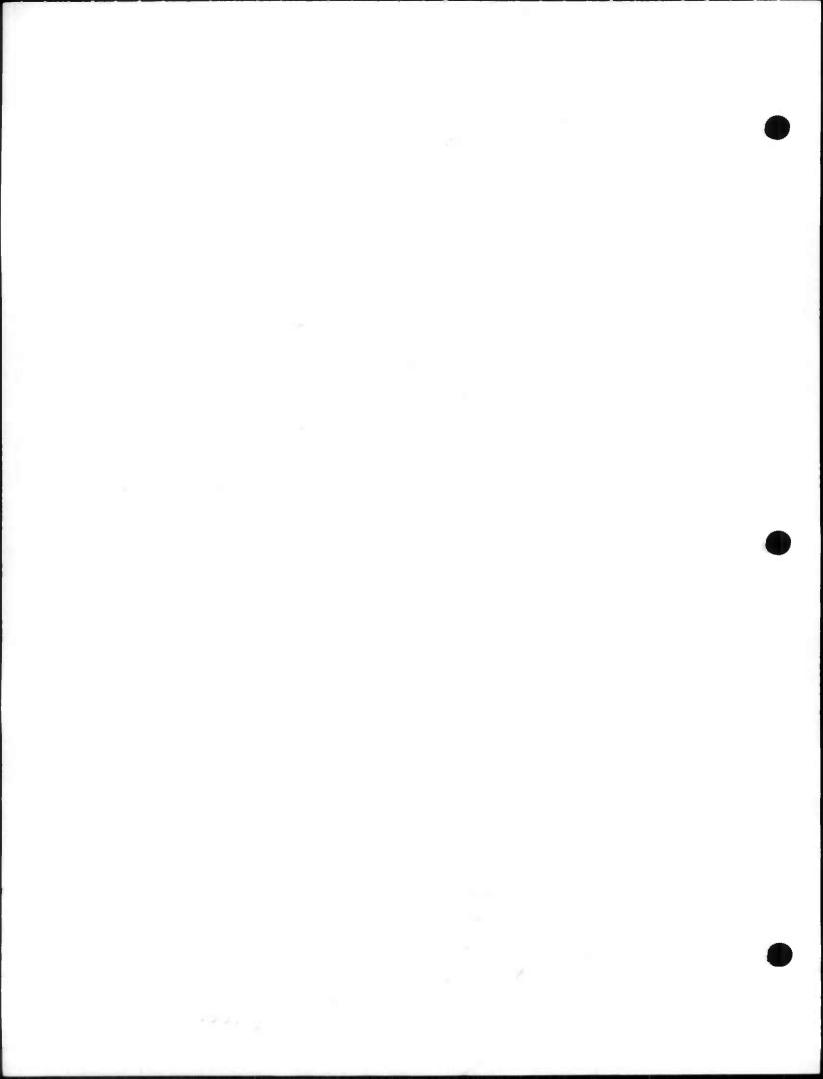
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical anamement he notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MAR			MENT OF H			HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last) Uvless Boone						2. DATE OF MONTH		v 9	YEAR	9:40	H (7) M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			CE (State or Fo	A.
	241-48-4580 9a. FACILITY NAME (If not institution, give s	1 X M 2 - F	58	YRS.	NONTHS DAYS	HOURS MIN.		21-35		Country)	.c.	
DIRECTOR	ST. AGNES HOSPIT				BALTIM	ORE	10N OF DEATH 9c. COUNTY OF DEATH					
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									100	INSIDE CITY	
뜸	MD				timore		10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER				10f	, ZIP CODE			1 X YES 2 NO		NO	
ER/	3218 Westmont Av	enue	21216									
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARM	ED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes			American India	ın.
	1 Never Married 2 Married	FORCES? 1 Y)	If yes, spi	2 NO Specif	in, Puerto Ric			Black, WI Specify:	ilta, atc.	
BY	3 Widowed 4 Divorced						, ·			Bla	ck	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	kind of wo	SUAL OCCUPATION No.	ON st of working	18b, K	IND OF BUS	INESS/INDUS	STRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. L	NOT use	retired.)							
₽ I	llth		נע	sabl	ea							
	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA Daisy		ldle, Maiden	Sumame)			
B	Sanders Boone											
2	19a. INFORMANT'S NAME (Type/Print) Barbara Brice					nd Number or Rural					03.6	
	29a, METHOO OF DISPOSITION			-		Ave./Ba	-	_				
1	201. METHOD OF DISPOSITION Compared to Co	oval from Stata	cemetery, crem	etory or other	DISPOSITION (Ne er plece)	200	OATE		CATION — CIT			
	21. BIGHATURE OF FUNERAL SERVICE LIC		King N	<u>lemor</u>	ial Par	K ID ADDRESS OF FA	01177	Ran	dalisi	cown,	Maryl	and
	· aues	1 Cox				MARCH F.		01 E.	NORTH	i ave	NUE	Fac.
	23. PART I. Enter the diseases, or o	complications that cal	sad tha dea	th. Do no				* 14			Approxima	nta
1	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one cause o	n aach lina.								interval Ba	tween
	disease or condition	Henry	-hace	Shot	Lo					ľ	7 4	Care
	resulting in death)	a. Henry	AS A CONSEOL	IENCE OF):							-	75
z		chm.	(Agna	1 F	bollata	4				1	6 400	45
잍	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQU	ENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury	a fly	penter	sim							10 40	cy
E	that initiated events resulting in death) LAST	OUE TO (Of	AS A CONSEQU	IENCE OF):							, (
55	Tooling in dataily Entry	d										
AL C	PART ii. Other algnificant condition	is contributing to deat	th but not res	suiting in	tha undarlying	cause given in	Part I. 24	4a. WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY FIR	NDINGS
2								PERFOR			LABLE PRIOR 1	
MEDIC					-		— '	YES 2	- NO		DEATH?	
3							_			1 1	YES 2 N	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3		OTHER:	e 5 ☐ Residence		Danet d				
H	27. MANNER OF DEATH	28s. DATE OF INJUI	RY	28b, TIME	OF 28c. INJ	URY AT			JURY OCCUI	RED		-
	1 Natural 5 Pending Investigation	(Month, Day, Yea	er)	INJU		PK? 'ES 2 NO	CHAPTER.					
) BY	2' Accident investigation 3 Suicide 6 Could not be	26a. PLACE OF INJ	URY — Al hom	e, farm, str	eet, factory, office	1	28f. LOCATI	ON (Street a	nd Number or	Rural Route	Number,	-
TE	4 Homicide determined	building, etc. (Specify)				City or	Town, State)				
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my ki	nowledge dest	h occurred	at the time date	and place, and due	to the source	(-) 1				
M		R: On the basis of examina									manner ee et	eted.
	29b. SIGNATURE AND TITLE OF CERTIFIER							T Piece, six		-	- 111	ateu.
B	SINT	SAICM-	marc			DU 3			29d. DATE S	SIGNED (Moi	nth, Day. Year)	
2	30. NAME AND ADDRESS OF PERSON WH		DE ATH ATEN	~ (Type P	rint)	D43			- 6	1117)	
	SEKMOANS	Chara H.	0 51	1 6	6. Are	2 Balt	mas .	4117	12 20			
11	31. DATE FILED (Month, Day, Year)	3 PENISTRAR'S S		u car	m	- 1/4//	- en	111 6	1158			$\overline{}$
4	IIIN 1 U 1002	La Tamera	1.40									

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or minimized	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or armined.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERT	FICATE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	xford	E. Be	amor	1	2. DATE OF MONTH	DEATH DAY	YEAR 1993	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5		GE (In yrs. last birthda	IF UNDER 1		7. DATE OF (Month, D	BIRTH	8. BIRTI- Count		
	9a. FACILITY NAME (If not institution, give street	-			TOWN OR LOCATION OF	DEATH	9c.	COUNTY OF D		
013	Meridian Nursing Center Corisica Hills Centreville Queen A								nne	
DIRECTOR	Maryland Anne Arundel Baltimore									
FUNERAL	100. STREET AND NUMBER 5207 Ballman Aven		101. ZIP CODE 21225		100	10g. CITIZEN OF WHAT COUNTRY?				
P	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	H.	AS DECENDENT OF HIS yes, specify Cuban, Mer YES 2X NO Spe	rican, Puerto Rica	Specify Yes or N in, etc.)	lo- 14. RACI	E — American Indian, k, White, etc.			
15. DECEDENT'S EDUCATION 169. DECEDENT'S USUAL OCCUPATION 169. KIND O							ND OF BUSINES	SS/INDUSTRY	WIIICE	
7	(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) 6th Grade 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)							: Marin	e	
	17. FATHER'S NAME (First, Middle, Last) A13	oert Bea	amon		18. MOTHER'S	NAME (First, Midd		cIntire	a	
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	Street and Number or Rui		City or Town, Sta	ite, Zip Code)		
	Sandra Hall 9194 Firefly Run Pasadena, Maryland 2112									
	1. Douglas 2 Gremetton 3 Removal from State Cemetery Cemetery 6/11 Baltimore, Man									
	21. SIGNATURE OF FUNERAL SERVICE LICENS Perome 3	SEE .	/2-	22. N Geo	AME AND ADDRESS OF Orge J. Go Ol Ritchie	nce Fun	eral Ho	ome P.A	3 21225	
	23. PART I. Enter the diseases, of companies, or heert felture. List immediate CAUSE (Final disease or condition resulting in death)	t only one cause o	as a consequence	.S.C	he mode of dying, s	uch as cardisc	or reaplrator	ry arrest,	Approximate interval Between Onset and Death 5 4 5	
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE							
1	PART II. Other significant conditions c	contributing to deet	h but not recultin	g in the und	erlying ceuee given		a. WAS AN AUTO PERFORMED	RMED? AMAILABLE PRIOR TO		
THISICIAIN. INC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH	'Check only one)				
5		OSPITAL: Inpatient 2 ER/0			ng Home 5 🗆 Residenc					
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes		IME OF 2	8c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRI	BE HOW INJUR	Y OCCURED		
2	3 Suicide 6 Could not be determined	26e. PLACE OF INJ building, atc. (URY — At home, fam Specify)	n, street, factor	y, office	28f. LOCATIO City or To	ON (Street and No own, State)	umber or Rural F	loute Number,	
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	P Sme	TI.	h	29c LICENSE N				(Month, Day, Year)	
	JOKN R.	Smit	DEATH (ITEM 27)	pd, Print) Ce	ntreville	N	1 d 2	-161	7	
	JUN 1 0 1993	32. REGISTRAR'S S	IGNATURE D				,		1	



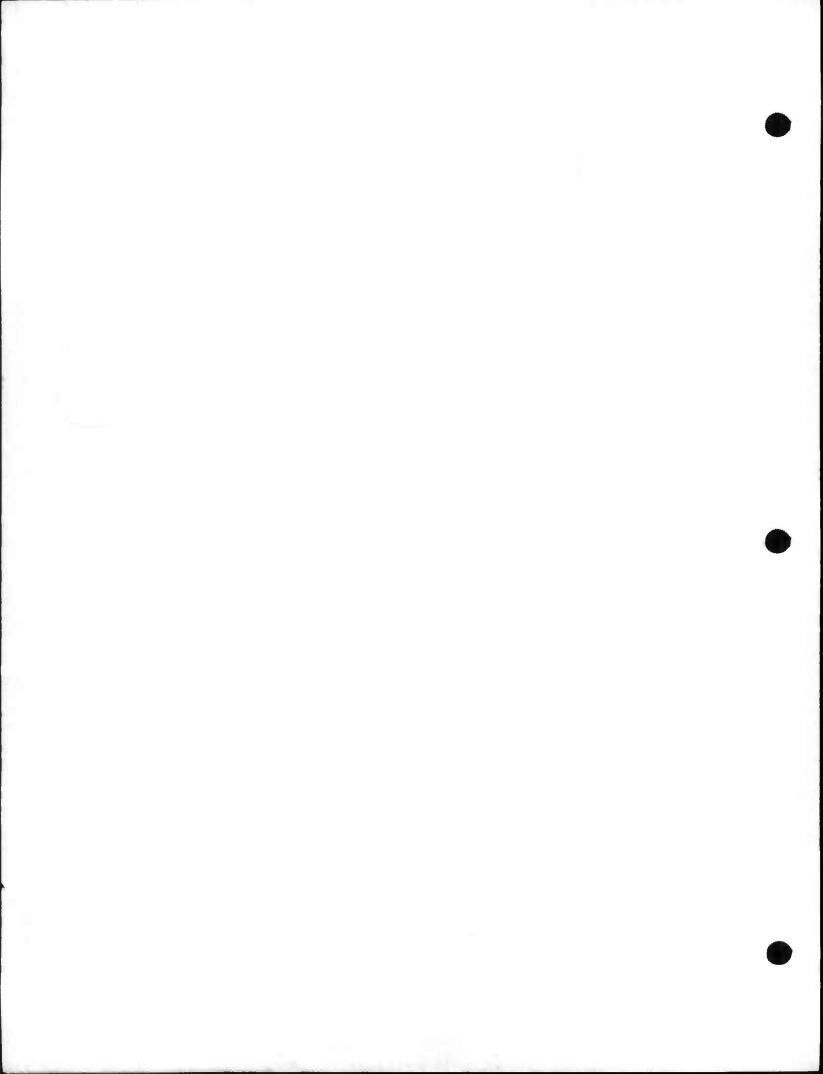
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

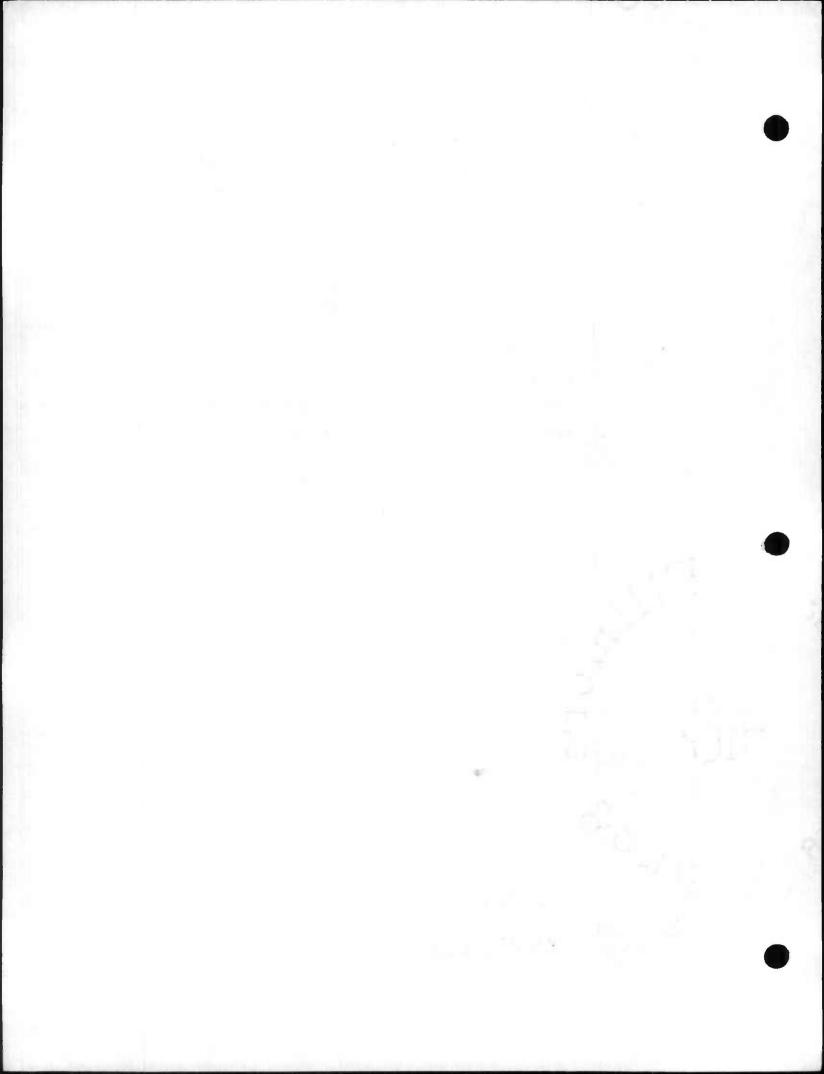
1 - FOR STATE REGISTRAR

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG	. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	,	,		2. DATE OF DEA	тн	3. TIME OF DEATH
	STELLA BIELS	KIL			MONTH 6	7 - 93:	AR 11:5591/4
	4. SOCIAL SECURITY NUMBER	100	AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HI			NIPTHPLACE (State or Foreign
	218-14-0978	1 M 2 F		ONTHS DAYS HOURS MI	N. (Month, Day, Ye	oar) C	Country)
	9e. FACILITY NAME (If not institution, give s				11/29/		Pa.
~			1 = 0	BALTIMORE	F DEATH	9c. COUNTY	OF DEATH
Ö	CHURCH HOSPITAL						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						
Ĭ	A			TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD		BA	LTIMORE			1 X YES 2 NO
₹	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ᇤ	409 S. I	MADERIA ST		2123	1	USA	7
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF HI	SPANIC ORIGIN? (Speci	ty Yea or No- 14.	RACE - American Indian.
	1 Never Married 2 Married	FORCES? 1 T		If yes, specity Cuban, Me	exican, Puarto Rican, at	c.)	Black, White, atc.
B	3 X Widowed 4 Divorced			1 120 120 100 3	boony.		Specify: WHITE
COMPLETED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	18b, KIND O	F BUSINESS/INDUST	
ų l	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor	k done during most of working etired.)	1800 511 1		
7	8th	consign (1-4 of 5 +)	HOMEMA	KED			
5	17. FATHER'S NAME (First, Middle, Last)		попши		S NAME (First, Middle, M		
	MICHAEL KUCHT	T 7. 17					
N N	19a. INFORMANT'S NAME (Type/Print)	LAN			VRONIA HU		
2			3	DDRESS (Street and Number or R			
	STEPHANIE MROZI	NSKI	415 S.	MADERIA ST.	BALTIMORE	, MD. 212	231
	20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remarks	oval from State	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20	c. LOCATION — City	or Town, State
	4 Donation 5 Dother (Specify)		HCLY CROSS	CEM.	6/12	BALTIMORE	E, MD.
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE/ /		22. NAME AND ADDRESS O			
	OX A+A/a	110,111	1	DAVIED T ITTE			
_	- run cen	ween		DAVID J. WEE			
- }	23. PART . Enter the diseeses, or o shock, or heart fellure.	complications that ce List only one cause of	used the death. Do not on each line.	anter tha mode of dying,	such as cerdlec or	reepiratory arrest,	Approximate Interval Batween
1	IMMEDIATE CAUSE (Finel	0		0 1	0 - 0		
- 1	disease or condition resulting in death)	. Conc	restove +	least 10	rucell		
		DUE TO (OA	AS A CONSEQUENCE OF):	least to			
z		Aile	ensel ee	to Cardi) loscul	02 Deso	ast
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING						
	CAUSE (Diseese or Injury that initieted events	DUE TO (OR	AS A CONSEQUENCE OF):				
=	resulting in death) LAST						000
5							44
1	PART II. Other significent condition	e contributing to dee	th but not resulting in	the underlying cause giver	i In Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL.	Carcen	amor of	Nary			RFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEL					''''	ES 2 UNIO	OF DEATH?
2							1 YES 2 NO
THI SICIAIN.	25. WAS CASE REFERRED TO MEDICAL						
2 ∥	EXAMINER?	HOSPITAL:		28. PLACE OF DEATH	(Check only one)		
2	1 YES 2 NO	1 Inpatient 2 I ER/	Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Resider	nce 6 Other (Specif)	<i>'</i>)	
5	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		PF 28c. INJURY AT WORK?	28d. DESCRIBE I	IOW INJURY OCCURE	D
	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
- 11	3 Suicide 6 Could not be	28e. PLACE OF IN. building, atc.	ural Route Number,				
	4 Homicide determined				City or Town,	State)	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my l	mowledge death occurred	at the time, data and place, and			
E							
3	- HENOTE EXAMINE	. On the besie of examin	attor and/or investigation,	in my opinion, death occured at	the time, date and place	ca, and due to the cau	ise(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		11)	29c. LICENSE		29d. DATE SIG	NED (Month, Day, Year)
	shull Usba	LOW P	V()	D26	748	▶ 61.	7192
-	30 NAME AND ADDRESS OF PERSON WHO		F DEATH (ITEM 27) (Type, Pr	int)			
	ANIL UBBILL						
	11 1 0 0 0 1 -	1	<i>A</i>				
	31. DATE FILED (Month, Day, Year)	32 AEGISTRANS	SIGNATURE				



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MARYLAND 21215-0020	
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LTIMORE	

	FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF		MENTAL HYGIEN		110000
	1. DECEDENT'S NAME (First, Middle, LA	HAMMAN B	AhAR		2. DATE OF DEATH	AY 23 YEA	3. TIME OF DEATH 4 30 PH
æ	4. SOCIAL SECURITY NUMBER 216-54-712 90. FACILITY NAME (If not institution, o	5. SEX 6. AGE (In yrs, last bi	YRS. MONTHS DAYS	HOURS MIN.	111 100		RTHPLACE (State or Foreign unity) PAY AND F DEATH
L DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COL 10c. STREET AND NUMBER 1011	N-III V	BAITEM	ore	Olig		10d. RIGIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5/20 LIDET 1. MARITAL STATUS 1 Hever Married 2 (F) Sacried	Ty Heights 12. WAS DECEDENT EVEN IN U.S. ARME FORCES? 1 PYEB 2 000	D 13, WAS DE	Of ZIP CODE 2/20 CEMPENT OF HISPAN specify Cutjan, Maxica	BC ORIGINT (Specify Vi	U,	S A. ACE - American Indian, lisck, White, etc.
ED BY	3 Wildowed 4 Diverced 19. DECEDENT'S	IF YES, GIVE WAR OR DATES	DENT'S USUAL OCCUPAT	S 2 (\$190 Specify		2 SINESS/INDUSTRI	Black
PLET	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5 x)	kind at york done during n i KT yor nemat; HIC/O	near of working	100000000000000000000000000000000000000	rod	
BE COM	12 PATHERY NAME (FINE, MICKEL LAND)	Keys		6/A	ME (First, Middle, Maide	ARMS	End
0	199. INFORMANT'S NAME (Type/Print) A GUEL 200. METHOD OF DISPOSITION	he DAHAR 1	DATE OF DISPOSITION (well C	t. BALL	wn, State, Zip Code,	12/207
	1 Burial 2 Crementon 3 F 4 Donation 5 Other (Specify) 2 21. SKC ATUME OF FUNERAL SERVICE	tamoval from State ceptetery, crema	tory or other place)	AND ADDRESS OF FA	1/8 6	Alto.	the home
CATION	23. PART I. Enter the difference, shock, or heart failured in the shock, or heart failured in	a. My co bacter un Due to (or as a consecut Bue to (or as a consecut Due to (or as a consecut)	n Avium ENCE OF):	50ps and	d Puevan		Approximate interval Between Onset and De Zuckels
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):				
MEDICAL	Drug F	tions contributing to death but not res buse			Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	PLACE OF DEATH (Ch	- 4		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	Sb. TIME OF 28c. IF	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED)
TED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide daterminé	26a. PLACE OF INJURY — At home building, atc. (Specify)			281. LOCATION (Street City or Town, State		rai Route Number,
COMPLET	ama)	IYSICIAN: To the best of my knowledge, death					ee(a) and manner as stated
BE	296. SIGNATURE AND TITLE OF CERT	ret, MP		29c. LICENSE NUN	966	29d. DATE SIGN	NED (Month, Day, Year)
4	Robert Kent,		10 (Type, Print)	oudst.	Baltimone	MOZI	1201
4	31LDATE FILED (Month, Day, Year)	July Davidson Randoll					



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DONALD G.

JUN 1 0 1993

WRIGHT,

111

Penn Street, Baltimore, Maryland

	JWR					03	17030			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	NE	17030			
	1. DECEDENT'S NAME (First, Middle, Lust) URSULA	R. B	ROOKS			DAY YEA	3. TIME OF OEATH			
		5. SEX 6. AGE (In yrs. la		DER 1 YEAR	6 3		3 4:11 A M			
	220-94-3335	1 M 2 2 F 27	YRS. MONTH		Month, Day, Year)		ountry)			
	9a. FACILITY NAME (If not institution, give stre	et and number)	9b. C	TY, TOWN OR LOCATION OF D	OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
TOR	MERCY MEDIC	AL CENTER		BALTIMORE	BALTIMORE CITY					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?			
	MAry/md	9	151	llimore	/		1 DES 2 NO			
FUNERAL	104. STREET AND NUMBER	Satt Sto	00+	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
ON	11. MARITAL STATUS	12. WAS DECEOENT EVER IN U.S. AI		3. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	a or No.— 14. F	RACE American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 H	1810	If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	"	Black, White, atc.			
	15. DECEDENT'S EQUCA	TION 16a D	ECEOENT'S USUAL	OCCUPATION	165 KIND OF BU	JSINESS/INDUSTR	BIACK			
COMPLETED	(Specify only highest grade co		Blue kind of work dos a. Do MOT use retired	se during most of working	IND, KIND OF BU	SINESS/INDUSTR	C)			
MPL		U	nemp	loyal			1.0			
	17. FATHER'S NAME (First, Migdley Last)	Showke		18. MOTHER'S N.	AME (First, Middle, Maiden	Surnai	/			
BE	19a INFORMANT'S NAME (Type/Print)	1/10/08	RL MAILING ADORS	As (Street and Number or Pare)	Houte Number City or Tol	n. Stap. Zo Code	165			
2	TAR, KODAK	BROOKS 1	17276	en Two-7	6 Rd.	BALO	md. 21234			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	al from State 20b. PLACE	AND DATE OF DISP	OSITION IN AMERICA	BATE 200. LO	CATION — City of	Town, State			
1 7	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEY	MSEE A	SPERN	2. NAME AND ADDRESS OF FE	7/8/8	Allo,	Co, Mod			
	· Mosech	L. Keiso.		asephair	155 /	aner,	+ CHOME			
\neg	23. PART I. Entar the diseases, or co	mplications that caused the de	eath. Do not ant	ar the mods of dyling, aug	ch sa cardiac or man	Pretory arrest	Approximate			
	shock, or heart failure. List IMMEDIATE CAUSE (Finel	st only one cause on each line	е.	, , ,		matory arroat,	Interval Between Onset and Death			
	disesse or condition resulting in deeth) e.	Epilepsi	ı							
		DIE TO (OR AS A COMSE	QUENCE OF):							
ERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE OF):							
E CE	d.									
SAL	PART II. Other significant conditions	contributing to deeth but not	resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDICAL					TXX XES	2 🗆 NO	OF DEATH?			
₹ 7					-		1 XYES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C)	heck only one)					
YSI	1 💢 ES 2 🗆 NO	□ Inpetient 2 X AR/Outpetient 3		ER: ursing Home 5 - Residence	6 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED)			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY — At he			28f. LOCATION (Street	and Number or Ru	ral Route Number,			
ETEL	4 Homicide determined	building, etc. (Specify)			City or Town, State,)				
COMPLETED		AN: To the best of my knowledge, de								
S	XX EXAMINER:	On the beets of examination end/or	Investigation, in m	opinion, death occured at the	lime, date end place, ar	nd due to the cau	se(s) and mannar as stated.			
8	296. STONATURE AND TITLE OF CERTIFIER	1) LL MAN		29c. LICENSE NU	MBER VE	29d. DATE SIGN	NEO (Month, Day, Year) 993			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH SIZE	M 072 (V 0 1 - 1							

21201

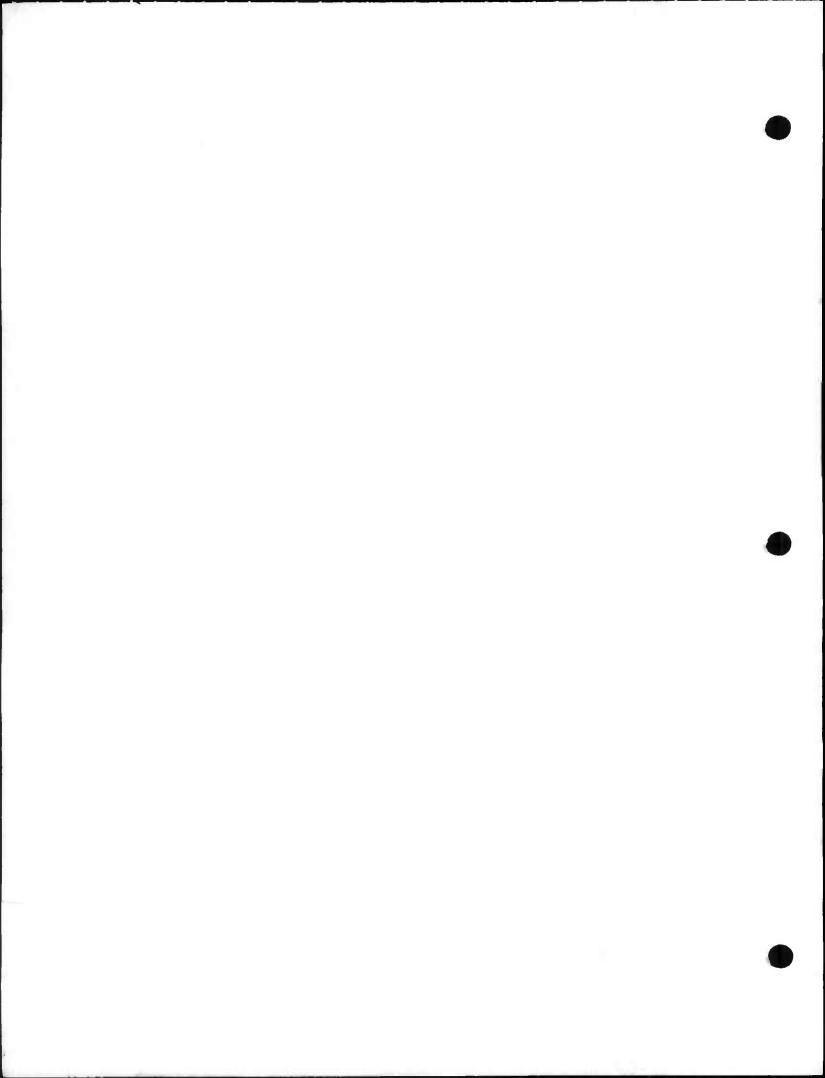
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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T	1. DECEDENT'S NAME (First, Mickel, Last)						2 DAYS	OF DEATH			1. TIME OF D	WATE
ı	DAVE	TELD	BUTLE	D			MONT	н р	3	93	3:11	rentin
r	4. SOCIAL SECURITY NUMBER		B. AGE (In yes, last bi	inthology) IF UND		UNICER 24 HRS.	7. DATE	OF BIRTH		6. 80073	PLACE (State of	
ŀ	213-28-5329-A	12 M 2 F	63	YRS				t. Day War) 1-1929	Se. COU	NTY OF D	TIMORE	. 10
ı	402 MT.HOLLY S	TREET		BA	ALTIMO	RE C	TTY					
₽-	RESIDENCE OF DECEDENT	v										
L	TAD.			EAI	LTIHORI						10d. INSIDE C LIMITEY 1 VES 2	□ NO
l					1				10g. CITI	ZEN OF Y	WHAT COUNTR	IV7
H	402 MT. HOLLY ST	12. WAS DECEDENT	EVER OF U.S. ARME	n In	3. WAS DECEND	1229 ENT OF WER	MIC OBIGI	of Sharet We		SA.	E — American	in the
	XX Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAY	YES Z NO		If yes, specify	Cuben, Mexic	en, Puerto	Rican, etc.)		Speci	k, White, etc.	maun,
Г	15. DECEDENT'S EDU/ (Specify only highest grade	CATION completed)	(G)ar	DENT'S USUAL	the thirteen present of	working	168	. KIND OF BU	SINESS/INC		MILITAR	
Γ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do	ACT use retired.	Q							
H	C. FATHER'S NAME (First, MOORIL Laut)		SO	D	LAYER	1112-21		220000000000000000000000000000000000000				
					18.			Michille, Mariden	Sumame)			
1	JASPER 19a. INFORMANT'S NAME (Type/Print)	BYRD	196. 60	MAILING ADDRES	SS (Court and t	THE		no file - T		FLER		
ľ	JOYCE McCLURKIN		787							1000000	100	212
	26s. METHOD OF DISPOSITION	se 1992Ann ACPAir.	20b. PLACE AND		OSITION /Name o		AVEN		CATION -		MD	2122
п							1	9000000	A - 11200 - 3	1000000		
1	N Dentil 2 Cremation 3 Rem	ovel from State	cometery, cremat					9/7	TOTAL OF SE	918 03	day.	
Ŀ	Donation 5 Other (Specify)			ON CEMP	ETERY		A STATE OF THE PARTY OF THE PAR	- 1044	TIMO	100	1721-02	
	Donation 5 Other (Spacity) 11. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or on abook, or heart failure. IMMEDIATE CAUSE (Final disease of condition	complications that c	caused the gratine on each fine.	ON CICHI	ETERY 2. NAME AND A JOSEPH 1913 W. 1	H. BK(MLTTMO) of dying, su	WN J RE ST.	R. FUN INITO. Slec or reap	ERAL ND. 2 ratory arr	HOM 1223:	P.O. D	OX 44 ximate d Betwe
	Densition 5 Other (Specify) Th. SIGNATURE OF FUNERAL SERVICE LE 23. PART I. Enter the disquals, or a stock, or heart failure. IMMEDIATE CAUSE (Final disquals or continued of the stock) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disquals or Injury)	a. AT LOT NO.	caused the death on each fine.	ON CELLS 22 3 3 5. Do not enter 50 C C ENCE OF):	ETERY 2. NAME AND A JOSEPH 1913 W. 1	H. BK(MLTTMO) of dying, su	WN J RE ST.	R. FUN INITO. Slec or reap	ERAL ND. 2 ratory arr	HOM 1223:	P.O. D	OX 4/ ximate d Betwe
	23. PART I. Enter the diseases, or on shock, or healt failure. IMMEDIATE CAUSE (Final diseases, or on the shock, or healt failure. IMMEDIATE CAUSE (Final disease or/condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. AT THE RUE TO (O	Caused the death on each fine. OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ON CEUR	ETERY 2. NAME AND A JOSEPH 1913 W. 1 er the mode of	H. BRO	OWN J. SE ST. ch as con	R. FUN INITO. Slec or reap	ERAL ND. 2 ratory arr	HOM 1223:	P.O. D	OX 44
The second secon	23. PART I. Enter the diseases, or a shock, or healt failure. IMMEDIATE CAUSE (Final diseases, or cathock, or healt failure.) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. AT THE RUE TO (O	Caused the death on each fine. OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ON CEUR	ETERY 2. NAME AND A JOSEPH 1913 W. 1 er the mode of	H. BRO	OWN J. SE ST. ch as con	R. FUN INITO. Slec or reap	ERAL ND. 2 ratory arr	HOM 1223:	P.O. D	circuite and De and De and De circuit Finon cor Foods
	23. PART I. Enfer the diseases, or on abook, or heart failure. IMMEDIATE CAUSE (Final diseases, or cathock, or heart failure. IMMEDIATE CAUSE (Final disease or Joondition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. AT THE RUE TO (O	Caused the death on each fine. OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ON CEUR	ETERY 2. NAME AND A JOSEPH 1913 W. 1 er the mode of	H. BRO	OWN J. ST., ch as care	R. FUN IALTO. Slac or respi O 1	ERAL ND. 2 ratory arr	HOM 1223:	P. A. P.O. B. Approximate of the property of t	circuite and De and De and De circuit for the control of CAUsi
The second secon	Denetion 5 Other (Specify) The SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or on shock, or heaft failure. IMMEDIATE CAUSE (Final disease or/condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant condition	a. AT THE RUE TO (O	Caused the death of on each fine. OR AS A CONSEQUE	ON CELLIS 22 3 3 4 5 6 6 6 7 6 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9	ETERY 2. NAME AND A JOSEPH 1913 W. 1 er the mode of	H. BRO	OWN J NE ST. ch as cere with M	IR. FUN INITO. Slac or respi	ERAL ND. 2 ratory arr	HOM 1223:	P. A. P.O. B. Approximate of the property of t	circuite and De and De and De circuit Finon cor Foods
	Denetion 5 Other (Specify) Th. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enfor the discussion, of a shock, or heart failure. IMMEDIATE CAUSE (Final discussion of conditions of co	a. AT THE NUMBER TO (O	Caused the death on each fine. OR AS A CONSEQUE OR AS A	ON CELLIS 22 3 3 5 6. Do not enter Cence orp: ENCE orp: Ulting in the unit of the control of the contro	ETERY 2. NAME AND A JOSEPH 1913 W. 1913 W. or the mode of PARAME TO PLACE ER: MINING HOME 5 ZSC. INJURY	H. BRC	Part I.	IR. FUN INITO. Slac or respi	ERAL ND. 2 ratory arr	HOM1223;	P. A. P.O. B. Approximate of the property of t	circuite and De and De and De circuit for the control of CAUsi
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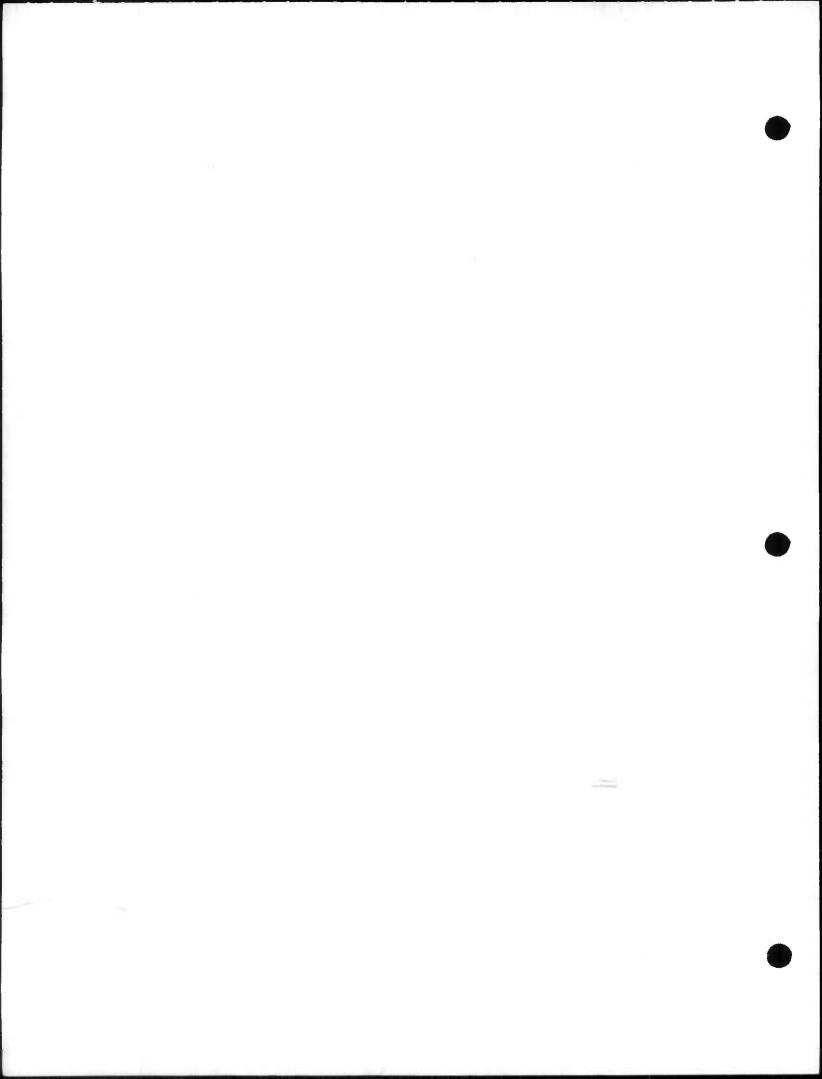
ITEMS: 23 PART I, 27, 28a-f, PER MEO G-700 6/15/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JOSEPH BARRETT 06 03 1993 3:54 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 0570971963 MONTHS 212-86-2762 29 DAYS 1 X M 2 - F YRS Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2600 BLOCK ASHLAND AVENUE BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4800 Yellowood Avenue 21209 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 X Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Negro COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Disability 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Joe Louis Coles BE Helen Harris 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 0 Tanya Harris 703 N. Chape1 Street, Balto, MD. 21213 20e, METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Suriel 2 Cremation 3 Removal from State fory a eller place) A 4 Donation 5 Other (Specify). en SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Joseph L. Russ Funeral Home Kuss W. North Ave, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory streat, **Approximate** ehock, or heert failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition NARCOTIC INTOXICATION resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury **OUE TO (OR AS A CONSEQUENCE OF):** that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural <u>UNKNOWN^M</u> 1 YES 2 X NO BY FOUND: 6-3-93 HINKNOWN 2 Accident 26e. PLACE OF INJURY — building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2600 BLK. ASHLAND AVE. 3 Suicide At home, ferm, street, fectory, office 6 XX Could not be COMPLETED 4 Homicide

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MAEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end manner ee stated.

296 SIGNATURE AND TITLE OF CENTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

man begare	O.C.M.E.	06/04/	1993
III. NAME AMP AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			
THE PROPERTY OF THE PROPERTY O	et, Baltimore,	Marvland	21201
IT DATE FILED (SANOTA DOL YEST)			

JUN 101993 Julia Burdson Randelle



may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

use as the burial-transit permit. Pages 1, 2, 3 should

detached for

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc	within 72
THE	표	filed

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR Raymond Wilbur Claiborne 04:30 RM. June 4 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 - F 487-09-8822 85 1907 Iowa 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR North West Hospital Center Randallstown Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5626 Loch Raven Blvd Apt.B 21239 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BΥ 1 TES 2 NO Specify 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Baker Ret. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James E. Claiborne notified at Jessie A. Moore BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 0 98801 Patricia L. Reynolds 1608 North Western #29 Wenatchee, Washington pe 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION -- City or Town, State DATE must cametery, crematory or other place)
Hilltop Service Corp. 6/10/93 Towson Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton Knight Jr Baltimore, Md. 21214 Melto 5305 Harford Rd. Leonard J. Ruck, Inc. medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart feilure. List only any cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition resulting in death) Item 23 shows any injury, or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially liet conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury imidi that initiated events resulting in death) LAST OR AS A CONSEQUENCE OF PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) ö 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) IMPORTANT: If item 28 is marked, 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY 2 Accident 26a. PLACE OF INJURY -- At home, farm, street, factory, office 3 Suicide 26f. LOCATION (Street and Number or Rural Routa Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 1308 20 -64 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Or Thewest dan 32. PEGISTRAR'S SIGNATURE 1993

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

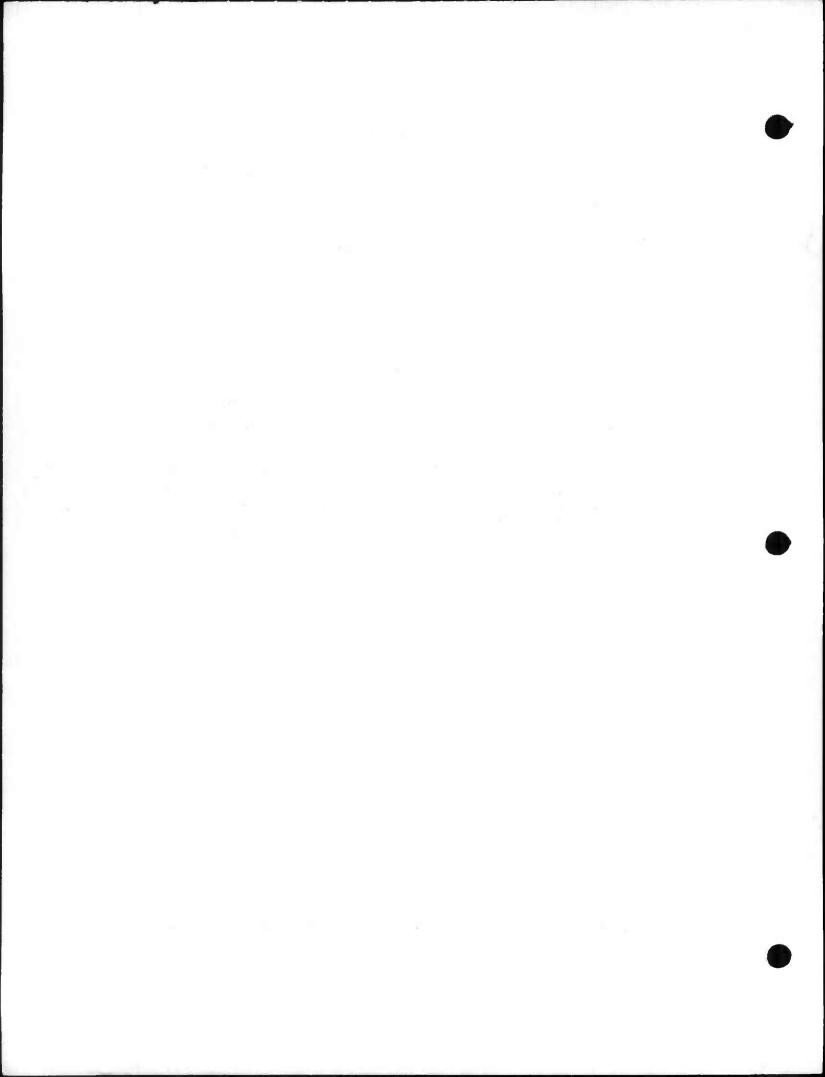
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitled at once.

BALTIMORE, MARYLAND 21215-0020

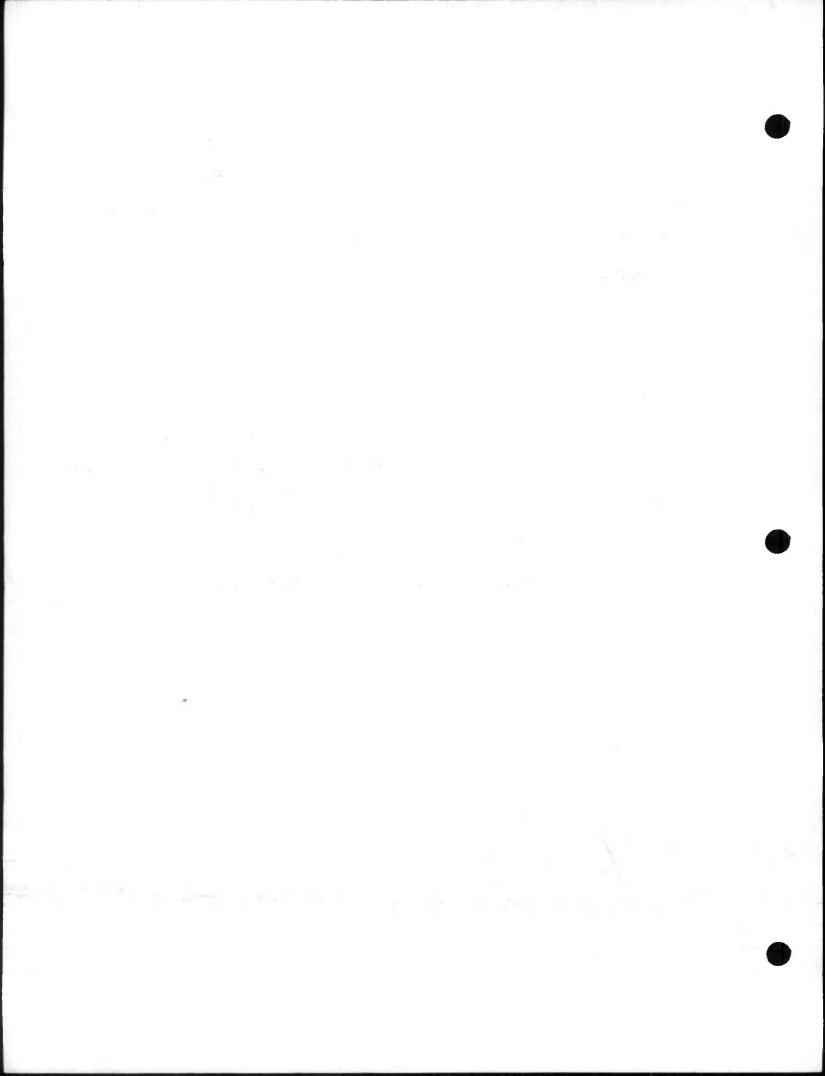
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	HEGIOTHAN		CENT	IFICAL	E Ur	DEATH		REG. NO			
į	1. DECEDENT'S NAME (First, Middle, Last)	Ambrose J.	Challmes	(0	hall	ouias)	2. DATE O MONTH June	D	AY 1	993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthd	ay) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				PLACE (State or Foreign
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	9e. FACILITY NAME (If not institution, give str			9b. CIT	Y, TOWN	OR LOCATION OF C	EATH		9c. COU	INTY OF O	EATH
5	Meridian Long Gr	'een			Ral	timore C	itv				
ĔΙ	RESIDENCE OF DECEDENT	00			Dui	CIMOIC C	, i cy		<u> </u>		
DIRECTOR	10e. STATE 10b. COUNTY		10c,	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
5	Maryland				D = 1	±:				- 1	LIMITS?
51					Bgl	timore C	ity				1 X YES 2 NO
4	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
12	3003	Glendale A	venue		- 1		21234		П	nitar	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13	WAS DE	CENDENT OF HISPA	NIC OBICINA	/Consth. Vo.			
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BE		110 Chall				E11		rns			
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural				Code)	
- 1	Frances Wozny		300	3 Gle	ndal	e Ave. Ba	ltimo	re. M	d. 2	21234	
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA		-		OATE	_		City or To	
l)	1 Donation 5 Other (Specify)	val from State	cemetery, crematory	or other plece)_						
	21. SIGNATURE OF FUNERAL SERVICE LICE	Week	Green M			6/10/9		B	altır	nore	Maryland
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EI	resulting in death) LAST										į i
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<u>≥</u>		1 Inpatient 2 ER/C		4 🗆 Nu	rsing Hom	e 5 🗆 Residence	8 Other (Specify)			
ᇤ	27. MANNER OF DEATH	28e. DATE OF INJUS (Month, Day, Yea		TIME OF INJURY	28c. INJ WO	URY AT	28d. DESCI	RIBE HOW I	JURY OC	CUREO	
à l	1 Natural 5 Pending 2 Accident Investigation			M		YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, terr	n, street, tec	tory, offic	•	281. LOCAT	ION (Street a	nd Number	or Rural R	oute Number.
<u> </u>	4 Homicide determined	building, atc. (S	респу)				City or	Town, State)			
COMPLETED	29e. CERTIFIER										
≣∥	(Check only	AN: To the best of my kn	owledge, death occi	urred at the	time, date	and piece, and due	to the cause	(e) end men	ner ee atat	ed.	
ō ∥	2 MEDICAL EXAMINER:	On the basis of examina	tion end/or investiga	ition, in my	opinion, d	leath occured at the	time, date er	d place, end	d due to th	e ceuse(e)	end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		-			29c. LICENSE NUI	MOED		and DAT	E CIONED	74-an 0 V I
m	1/1								asu. DAI	Signed	(Month, Day, Year)
₽╟	30 NAME AND ADORESS OF THE COLUMN	COMPLETE				W 188	22			6/8	195
- 11	30. NAME AND ADDRESS OF PERSON WHO										
	Dr. Richard C. Ha	bersatM.D.	120 Sist	erPi	erre	Drive S	Suit20)7 To	owson	ı, Ma	ryland
4	Dr. Richard C. Ha 31. DATE FILED (Month, Day, Now) 1993	32. REDISTRARIS 61	GNATURE Rand	ML.							



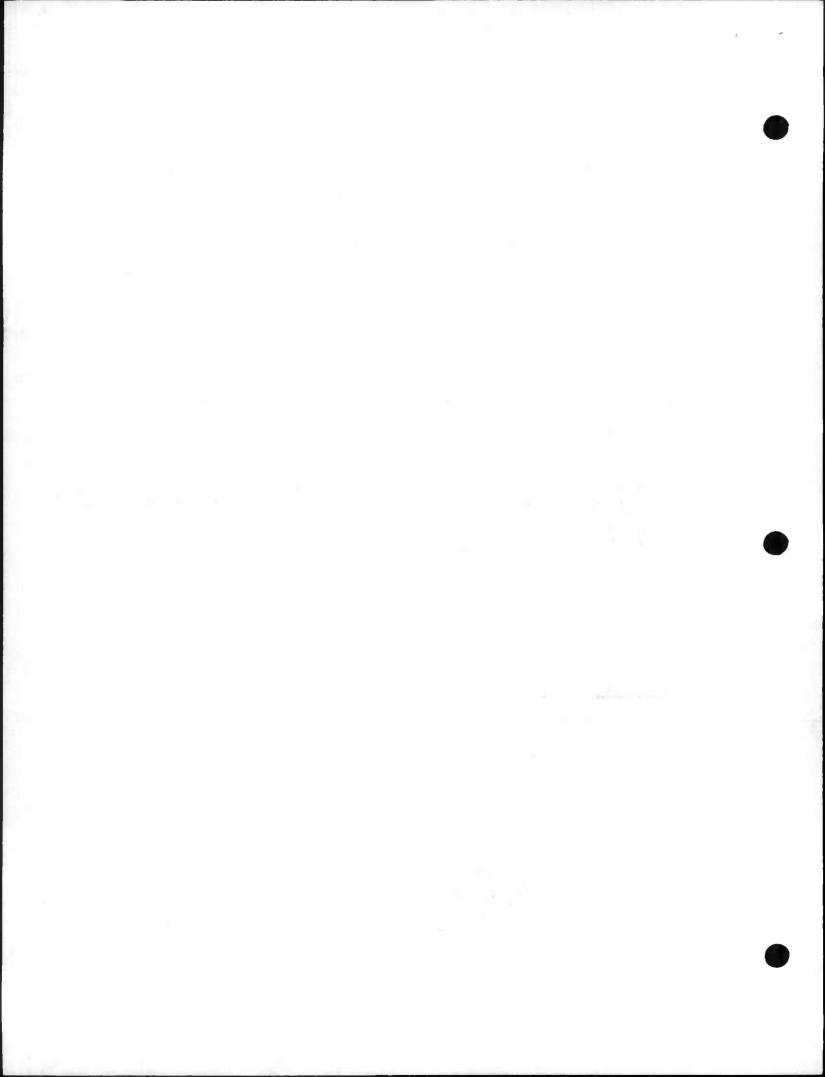
BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Dans & may be received by the bossies to assessed as absorption
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Ħ	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
3	1. DECEDENT'S NAME (First, Middle, Last) ELEANOR	Kall 5. SEX 6. AGE (In yrs. lest birthday) 1		COHN (thdsy) F UNDER 1 YEAR F UNDER 24 HRS. WONTHS DAYS HOURS MIN.		2. DATI	2. DATE OF DEATH MONTH DAY 4 - C		3. TIME OF DEATH 12: 10 A 13: BIRTHPLACE (State or Foreign Country) 12: Minnesota 13: COUNTY OF DEATH	
	4. SOCIAL SECURITY NUMBER 470 07 1169 9e. FACILITY NAME (If not institution, give st					7. DATE OF BIRTH (Month, Day, Year) Sept. 9, 19		912 M		
10R	Suburban Hospit			Bethes	or location of D	PEATH		Mont		
DIRECTOR		gomery		ROCKVILLE						d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1-9 Rollins Ave				1. ZIP CODE 20852			USA		T COUNTRY?
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 🖵 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vifi yee, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:					fee or No- 14. RACE American I Black, White, etc. Specify: White	
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us		ost of working	16	b. KIND OF BU			
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		Legal	Secreta	18. MOTHER'S N	Private "S NAME (First, Middle, Melden Surneme)				
TO BE	Harry Hall 19a. INFORMANT'S NAME (Type/Print) Barbara Sonies		C		Ethel	Route Nun				
	20e. METHOD OF DISPOSITION 1 The Burlet 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State con	D. PLACE AND DATE	OF DISPOSITION (Ne		DAT	TE 20c. LO	CATION — CI	y or Town,	State
	Washington Hebrew Cem. 6/6/93 Washington, DC 22. NAME AND ADDRESS OF FACILITY I Ves-Pearson Funeral Homes Falls Church, VA 22046									
TION	23. FART I. Enter the diseases, or o shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	d the death. Do neech line. A CONSEQUENCE OF	CMG(F):	ode of dying, sur	MS	rdiec or reepi	ratory arrea	l,	Approximate interval Between Onset and Death
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algorificent conditions	s contributing to deeth b	out not resulting (in the underlyin	g ceuee given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	AVA COF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 000	OTHER:	LACE OF DEATH (CA					
ву РНУ:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	4 Nursing Home 5 Residence 6 0 OF 28c. INJURY AT WORK? M 1 YES 2 NO		_	Other (Specify) 1. DESCRIBE HOW INJURY OCCURED				
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, off building, etc. (Specify)			Ica 261. LOCATION (Street and Number or Al City or Town, State)			Rural Route	ral Route Number,	
O BE COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and menner as stated.									
TO BE C	29b. SIGNATURE AND THE OF CERTIFIER	/ pacede, M			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							



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	1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AN OF DEATH		TAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) LUCY WILMA COSTNER					2. D	2. DATE OF DEATH			TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)				YEAR IF UNDER 24 H	RS 7. D4	DATE OF BIRTH			ACE (State or Foreign	
	215-70-3766	1 🗆 M 2 🔀 F	64 YRS.	MONTHS E	DAYS HOURS MI	" OC"	t. I3, 19		Country)	ginia	
~		9a. FACILITY NAME (If not institution, give street and number)			OWN OR LOCATION O				DUNTY OF DEATH		
5	Franklin Square Hospital Baltimore City										
DIRECTOR	10e. STATE 10b. COUNT			Y, TOWH OR						Dd. INSIDE CITY	
	Maryland Balt	imore	S	parks						YES 2 NO	
ERA	16726 Yeoho Road				10f. ZIP CODE 21152				S.A.	AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 NIF YES, GIVE WAR OR DATES			If y	es, specify Cuban, Me		Puerto Rican, etc.)			RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)			CEDENT'S USUAL OCCUPATION Ive kind of work done during most of working Do NOT use retired.)				b. KIND OF BUSINESS/INDUSTRY			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	S NAME (Fir	AME (First, Middle, Malden Surname)				
	William McKir	nley Costne					Ruth O				
TO BE	19a. INFORMANT'S NAME (Type/Print) Edith M. Heath	1	19b. MAILING 167	26 Ye	coho Rd.	, Sp	oarks,	MD 2	2115	52	
	20e, METNOD OF DISPOSITION 1 & Burlei 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, cremetory or other place) Jessop United Meth. Cem. 1993 Sparks, MD										
	22. NAME AND ADDRESS OF FACILITY J. J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349										
	IMMEDIATE CAUSE (Final	Urosepsis	d the deeth. Do ech line.		e mode of dying,	such as o	cerdiac or reapi	ratory arrea	t,	Approximate interval Between Onset and Death	
	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE O								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE O	EOUENCE OF):							
CE		d									
: MEDICAL CER	PART II. Other algoriticant conditions contributing to deeth but not Pneumonia			eaulting in the underlying ceuse given in F			t i. 24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☑ NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATN	Chack only	ly and				
YSICI,	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 Resider						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	E OF 28	c. INJURY AT WORK?	28d.	28d. DEŞCRIBE HOW INJURY OCCURED					
ETED B	3 Suicide a Could not be determined 26e. PLACE OF INJURY — At he building, etc. (Specify)			ne, farm, street, factory, office			281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
로	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
#	29b. SIGNATURE AND TITLE OF CERTIFIER	(h) Mer	>	_	29c. LICENSE	NUMBER		29d. DATE S	IGNED (M	onth, Day, Year)	
2	Dr- Abdul Siddigui 9000 Franklin Square Dr. Baltimore, Md. 21237 31. DATE FILED (Month, Day, 1841) JUN 1 0 1993 Alia Davidor Render									117	
1	31. DATE FILED (Month, Day, Year) JUN 1 0 1993	32: REGISTRAR'S SIGN	atune Rangle M.								



1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		_ 3	. TIME OF DEATH
EVE	DAVIS	5)	YAY	YEAR	3:25 Am
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	MONTHS C	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	ACE (State or Foreign
322-09-3409	1 🗆 M 2 🖵 F	82 YRS.	months (ATS HOURS	with.	12-26-1	910	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	OWN OR LOCAT	TION OF DE	EATH	9c. COUN	TY OF DEA	TH
UNION MEMORIAL H	OSPITAL		BALTI	MORE C	TTY			NA	
PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 000							
			Y, TOWN OR	LOCATION				11	0d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Baltimon	re Count	У	Rux					YES 2 NO
100. STREET AND NUMBER				10f. ZIP CO	DE		10g. CITIZ	ZEN OF WH	AT COUNTRY?
Manor Care Ru									
1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO				HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No-	14. RACE - Black, 1	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 NO	Specify Specify	y:		Specify:	White
15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	SINESS/IND		WILLEC
(Specify only highest grade of Elementary/Secondary (0-12)			vork done dun	ing most of worl	king				
Contentally/Secondary (0-12)	College (1-4 or 5+)					Enoch	Prat	t Li	brary
17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First, Middle, Maiden	Sumama)		
Louis Davis						Davis	Julilenio		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (S			Poute Number, City or Tow	n State 7in	Code	
Kai Yun Chiu						,Balto,M			
20e. METHOD OF DISPOSITION	2	0b. PLACE AND DATE O			ı Ku		CATION —		State
1 Burlel 2 Cremation 3 Remove 4 Deponsition 5 Other (Specify)		emetery, cremetory or of		0.00		DATE SOULE	outlon - c	only of lowe	, State
21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald	Wade, Di	22. NA	ME ANO ADDR	ESS OF FA	CILITY Stat	e An	a + o m	y Board
Notal///	all	6/7/93	1	W.Bal	timo	oreSt,Bal			
23. FART I. Entay the diseases, or co	mplications that caus	ed the death. Do n	- 1						Approximata
anock, or naert failure. Li	at only one cause on	each line.			,,			,	Interval Between
iMMEDIATE CAUSE (Final disease or condition	1000	1							Onset and Death
resulting in death) a.	DUE TO (OR A!	A CONSEQUENCE OF	n.						
_		N TOTAL OF	,-						i I
Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	7):						-
if any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF	ŋ:						
resulting in death) LAST									
PART II. Other significant conditions			n the unde	rlying ceuse	given in	Part I. 24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
Ren	al Ja	lune	-			1 _ YES 2	2.0	C	OMPLETION OF CAUSE F DEATH?
Con	egester !	neem 10	ulle	l			1	- 1	☐ YES 2 NO
	Lunoni	D AS							~
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			26. PLACE OF	DEATH (Ch	eck only one)			
1 - YES 2 NO	HOSPITAL:	rtpetient 3 🗆 DOA	OTHER:	Home 5 🗆 F	Residence	8 C Other (Specify)			
27. MANNER OF BEATH	28e. DATE OF INJURY (Month, Day, Year)		E OF 28	c. INJURY AT		28d. OEŞCRIBE HOW I	NJURY OCC	UREO	
1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				□ NO				[
3 Suicide 8 Could not be	28e. PLACE OF INJUI building, stc. (Sc	RY — Al home, farm, s	treet, factory	, office		281. LOCATION (Street City or Town, State)	and Number	or Rural Rou	rte Number,
4 Homicide determined		,				City or IDWII, State)			
290. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To Ihe best of my kno	wiedge, death occurre	d at the Jime	date and plac	e and due	to the cause(s) and ma	mar na alak	ud.	
	On the basis of examinat								nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1				CENSE NUM				fonth, Day, Year)
11	Cre	MD		1			D 60	/7	013
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)				U	1-11	-17
V .	A. RO	se elo	Uni	on M.	emor	ial Hos	ortal	Ba	Himore MD
31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SIG					N. W.			
JUN 1 0 1993	of whice of some	and Mariant							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	()	CERTIFI	CALE OF	DEATH	2. DATE OF	DEATH 19	93 ja. m	IME OF DEATH								
-1		Fran	k S. Dal	zell.	Sn.	Jun	/ 10	*	3 34 PM								
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		BIRTH	8. BIRTHPLAC	E (State or Foreign								
- 1	227-58-9650	1 M 2 DF 9	Q YRS.	ONTHS DAYS	HOURS MIN.		0-1902	Penr	. 4								
	9e. FACILITY NAME (If not institution, give	e street end number		9b. CITY, TOWN (OR LOCATION OF			UNTY OF DEATH	(/).								
E O	Good Samanita	n Hospital			Balti	.more											
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY	10c. CITY,	TOWH OR LOCAT	TION			10d.	INSIDE CITY								
8	Md.				Balti	more			LIMITS? YES 2 NO								
IA.	10e. STREET AND NUMBER		-	101	f. ZIP CODE		10g. CI	TIZEN OF WHAT	COUNTRY?								
FUNERAL		aire Ave.			212	34		U.S.A.									
37 FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 200	II yes, sp	ENDENT OF HISP ecify Cuben, Mexi 2 NO Spe	can, Puerto Rica	Specify Yee or No— in, etc.)	Black, Whi	mericen Indian, te, etc. hite								
8	15. DECEDENT'S ED		16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16h KII	ND OF BUSINESS/IN		nece								
E	(Specify only highest gra	College (1-4 or 5+)	(Give kind of wo	rk done durina ma	ost of working												
COMPL			Supe	nvison		Noi	rfolk N	aval S	hipyand								
	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Midd	lle, Meiden Surneme)										
BE	Frank D. Dal	zell	T-man-standing			a Stei											
2	Mr. Frank J.	00/20// 12					City or Town, State, Z		10								
1	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE OF			OATE	BALto., 1										
	1 Denation 5 Other (Specify)	emoval from State	retery, cremetory or oth	er piece)	nial C	00 6/1	Binoin	ia Roa	ch Va								
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	· · · · · · · · · · · · · · · · · · ·	DO BLARET AN		TA CHILL STORE	-										
	Hantley Millen Funeral Home 7527 Hanford Rd. Balto. Md. 21234																
	23. PART I, whiler the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line.																
1	interval int																
	disease or condition a. Myocardia (NFAR CTION) a. Myocardia (NFAR CTION)																
			A CONSEQUENCE OF)														
No.	Sequentielly list conditions,	b	A COMPEQUENCE OF														
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING																
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):																
CERT	resulting in death) LAST	d															
	PART II. Other eignificent condition	ona contributing to death	but not resulting in	the underlying	g cause given I	n Part i. 24	a. WAS AN AUTOPSY	24b. WERI	E AUTOPSY FINDINGS								
JCAL	CORONARY ART	ery mistage	S/P PREVI	ous MI	,		PERFORMED?	CDM	ABLE PRIOR TO PLETION OF CAUSE								
MED	METASTATIC P	POSTATIC CA							EATH? YES 2 NO								
			/														
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Check only one)											
	1 YES 2 NO	1 Inpetient 2 ER/Ou	tpatient 3 🗆 DOA	□ Nursing Hom	e 5 🗆 Residence	8 Other (Sp	pecify)										
₹ I	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DEŞCRI	BE HOW INJURY O	CURED									
F	1 Netural 5 Pending			- 1 U	YES 2 NO	204 LOCATIO	MI (One) and March										
BY PHY	2 Accident Investigation	280 PLACE OF IN ILLE	3 Suicide a Could not be 4 Homicide determined City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or City or Town, Stete)														
ED BY PHY	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJUS	RY — At home, farm, streedly)	eet, factory, offic	•	4 Homicide determined											
ETED BY PHY	2 Accident Investigation 3 Suicide a Could not b 4 Homicide determined	e 28e. PLACE OF INJUR building, etc. (Sp	ectly)														
ETED BY PHY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	e 28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno	wledge, death occurred	at the time, date	end place, end de	ue to the ceuse(e	e) end manner ee sta		menner ee stated.								
COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno NER: On the Apple of examinat	wledge, death occurred	at the time, date	end place, end di	ue to the ceuse(e	e) end manner ee sta I place, and due to t	he ceuse(e) end									
D BE COMPLETED BY PHY	2 Accident 3 Suicide a Could not b determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno NER: On the Apple of examinat	wledge, death occurred ion end/or investigation,	at the time, date in my opinion, d	end place, end de	ue to the ceuse(e	e) end manner ee sta I place, and due to t										
D BE COMPLETED BY PHY	2 Accident 3 Suicide a Could not b determined 4 Homicide CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	SICIAN: To the best of my known in the page of examination with the page of examination in the page of the p	wiedge, death occurred ion end/or investigation, AL /NTGPA	at the time, date in my opinion, d	end place, end di leath occured at the 29c, LICENSE N	ue to the ceuse(e ne time, date end UMBER	e) end manner ee sta I place, and due to t	he ceuse(e) end									
TO BE COMPLETED BY PHY	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY ONE) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIED AND ADDRESS OF PERSON W	28e. PLACE OF INJUR building, etc. (Sp. Sician: To the best of my known NER: On the Alegie of examination of the Alegie of th	wiedge, death occurred for end/or investigation, AL /N 76PA DEATH (ITEM 27) (Type, F	at the time, date in my opinion, d	end place, end di leath occured at the 29c, LICENSE N	ue to the ceuse(e ne time, date end UMBER	e) end manner ee sta I place, and due to t	he ceuse(e) end									
TO BE COMPLETED BY PHY	2 Accident 3 Suicide a Could not b determined 4 Homicide CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	SICIAN: To the best of my known in the page of examination with the page of examination in the page of the p	wiedge, death occurred ion end/or investigation, and investigation, in the second seco	at the time, date in my opinion, d	end place, end di leath occured at the 29c, LICENSE N	ue to the ceuse(e ne time, date end UMBER	e) end manner ee sta I place, and due to t	he ceuse(e) end									

the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 be retained by eath. Page 6 ma uneral director, p

Pages 1, 2, 3 should

permit.

use as the burial-transit

be detached for

page 5 should notified

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must

examiner

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296. SIGNATURE AND TITLE OF CENTIFIER

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UNISION OF VITAL RECORDS, F.O. BOA 13146,	TO THE HISTORY IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after de	TO THE CONFISCORY After this certificate has been signed by the attending physician and completely filled in by the fu	be med with the burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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93 17039 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH FORD LOUISE A. 99 7. DATE OF BIRTH (Month, Day, Year) 9-13-1902 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2-F 89 YAS 219-30-2591 WARSAN, VA. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR BALTIMORE BALTIMORE 515 NORTH CALHOUN STREET RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY LIMITS? BALTIMORE CITY MD. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 515 NORTH CALHOUN STREET 21223 USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ♠ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. ben, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried 1 TES 2 NO Specify: BY 3 X Widowed 4 Divorced ELACK ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) COMPL NIRSING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) LILLIAN ROSE BE MALLITW THOMAS 19a. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 3603 HOWARD PARK AVENUE, BALTIHORE, MD. 21207 LAWRENCE HENLY 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) RIDGE CEMETERY PIKESVILLE, MARYLAND DRUID 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 4433 1913 W. BALTT-DRE ST. 21223; BALTO, MD. 21223, P.O. BOX 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finsi disease or condition ASCVD reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PYD CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 5 CVA 1 TYES 2 NO OF DEATH? 5 /P Crasinos tos tony 1 | YES 2 | NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY 26c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 84 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and manner es stated.

29c. LICENSE NUMBER

D20252

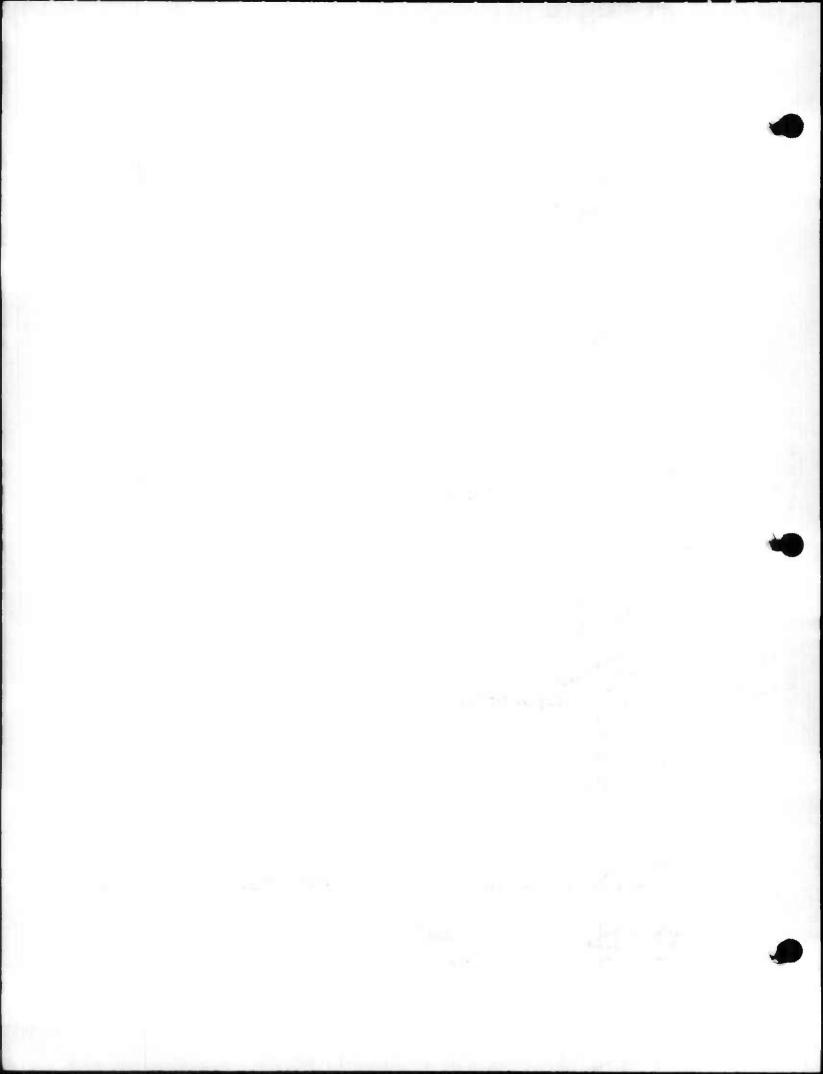
42. REMISTRAR'S SIGNATURE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

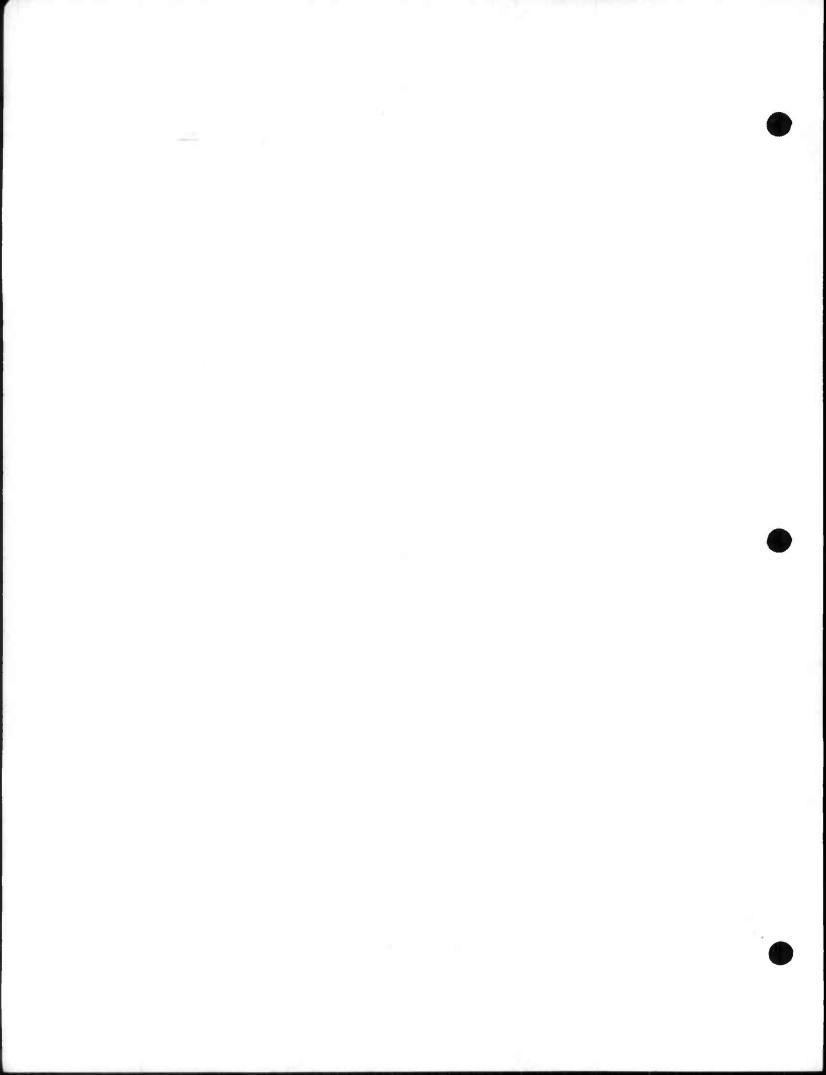
29d. DATE SIGNED (Month, Day, Year)

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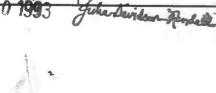
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	4.3	SOCIAL SECURITY NUMBER	R			s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF			BIRTH	IPLACE (State or Fore
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	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY,	TOWN C	OR LOCATIO	ON OF DEAT		20	9c, COUNT		
8		9645 White	Acre	Road Uni	it A4		Co1	umb	ia				Howa		= 111
5		ESIDENCE OF DECE	DENT										110 W.C		
DIRECTOR	10c. CITY, TOWN OR LOCATION Mary Land Howard Columbia												10d. INSIDE CITY LIMITS?		
AL D	Maryland Howard Columbia 100. STREET AND NUMBER 101. ZIP CODE												XX YES 2 N		
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00	19a	. INFORMANT'S NAME (Type				19b. MAILING	ADDRESS	(Street =					State 7to 0	ode)	
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	1 - STATE REGISTRAR CERTIFICATE OF DEATH AND MENTAL HYGIENE REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Donis M. Gesser June 8, 1993										
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) If UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 \(\text{ M } \) 2 \(\text{ S } \) 1 \(\text{ M } \) 2 \(\text{ S } \) 6 \(\text{ S } \) YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 9 \(24 \)										
0 B	9a. FACILITY NAME (If not institution, give street end number) 608 S. Robinson St. BESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
FUNERAL	100. STREET AND NUMBER 608 S. Robinson St. 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 2/224 U.S.A.										
B	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 16. YES, GIVE WAR OR DATES 17. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.)										
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
COMPL	Homemaken HOme. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)										
BE	Albert Desell Nettie McCord										
2	190. INFORMANT'S NAME (Type/Print) Mrs. Patricia J. Fox 190. MAILING ADDRESS (Street end Number or Rural Abute Number, City or Town, State, Zip Code) 608 S. Robinson St. Balto., Md. 21224										
	20g. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION //Name of DATE 20c. LOCATION — City of Town State										
	4 Donation 5 Other (Specify) Uak Lawn CEmetery 6/11 Balto., Md.										
	22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd. Balto. MD. 21234										
	23. PARY I. Entar the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition										
7	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF)										
ATIO	If any, leading to immediate cause. Enter UNDERLYING										
ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
CALC	PART II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO										
PHYSICIAN: MEDICAL	1 YES 2 MO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check cost) cost										
S	EXAMINER? HOSPITAL: OTHER:										
¥	1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED										
ВУ Р	1										
ETED	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, from y opinion, death occurred at the time, date end place, end due to the cause(s) end manner so stated.										
BE C	290. BIGHATURE AND TITLE OF CERTIFIER AND WORLD WOOD 1930 29d. DATE SIGNED (Month, Day, Year)										



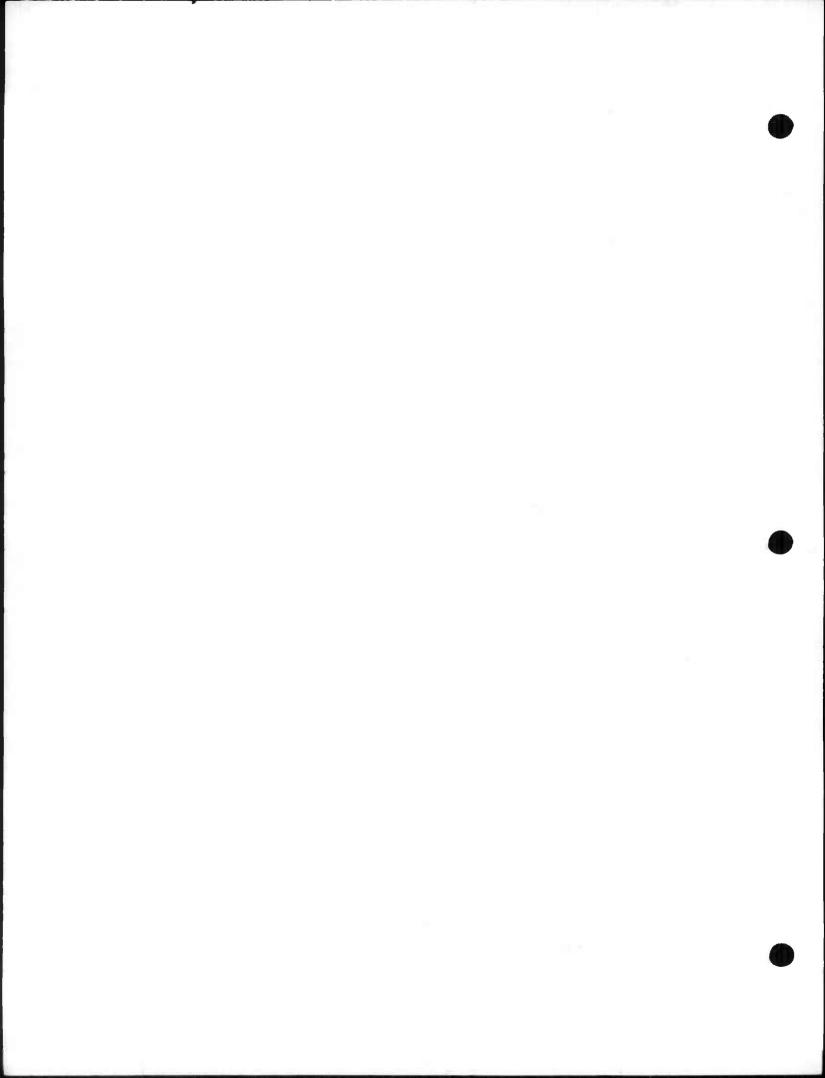
32. REGISTRAR'S SIGNATURE

MARVIN J. FE 31. DATE FILED (Month, Day, Year)

#212 BALTO, MD. 21202

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96	lrec		E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAR	RTMENT	OF H	EALTH DEA	AND	MENT		GIENI G. NO.	E	93	17042
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DE	ATN DA	,	YEAR	3. TIME OF DEATN
	JACK			G	ROVE	ER			0.5		27		93	12:20P M
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	MONTHS DAVE MOURS MAN			7. DATE OF BIRTN (Month, Day, Year)				BIRTNPLACE (State or Foreign Country)		
		1 🙀 M 2 🗆 F	62	YRS.	- ON THIS	DATE	NOONS	mirt.	4-	24-	193	1		
DIRECTOR	98. FACILITY NAME (If not institution, give s KIMBOROUGH ARM) RESIDENCE OF DECEDENT	= 1	TAL			MEA	ADE	ION OF D	EATN			9c. COUN ANNI		ATN CUNDEL
E C	10a. STATE 10b. COUNT	r		10c. CIT	Y, TOWN OR LOCATION								Т	10d. INSIDE CITY
	Maryland Ann	e Arund	lel C	o Je	ssu	р								LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E				10g. CITIZ	EN OF W	HAT COUNTRY?
l ii	House of Corre	ction												
2	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT					or No-	14. RACE	- American Indian, White, atc.
β¥	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE					2 NO			Prican,	ec.)		Spec#	White
ED 6	16. DECEDENT'S EDU													wnite
	(Specify only highest grade	(Specify only highest grade completed) (Give kind of work done during most of working									OF BUS	INESS/INDU	JSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	*)											
COMPLET	17. FATNER'S NAME (First, Middle, Last)					_	18. MOT	NER'S NA	MF (Float	Middle	Maidan S	Commen		
) BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Floute Nur	mber, City	or Town	State, Zio	Code)	
2	ocme									, - ,		,	,	
	20a. METHOD OF DISPOSITION		20b. PL	ACE AND DATE	OF DISPOS	ITION (Na	me of		DA	TE 2	20c. LOC	ATION - C	ity or Tow	m, State
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 1 D	state	_remo	val	ther place)				1					10237
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE Rona	ld Wa	de,Di	r 22.1	NAME AN	O ADDRE	SS OF FA	CILITY	Sta	teA	nato	myB	oard
	MINING / //	ndon		5/9/93	6.5	55W	.Bal	tim	ore	St,	Ва	to,	MD 2	1201
1	23. PART I. Enter the diseases, or o	complications that	t caused th	e death. Do r	not enter	the mo	de of du	laa eue	h an an	rdian or			-1	1 4
	shock, or neart railure.	List only one cer	se on each	iine.	iot onto	trie illo	de or dy	my, suc	II da Ca	rulec of	гезри	atory arre	ast,	Approximata interval Between
	iMMEDIATE CAUSE (Finel disease or condition	9 Th 30	0-6	-0	^ -			10			-			Onset and Death
	resulting in death)	ATHER	(OR AS A CO	NSEQUENCE O	F)	214	2101	117>	ul	AR	PI	260,	700	
7			(, ,.									
ē	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):									<u> </u>
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C.												
E	thet initiated events	DUE TO	(OR AS A CO	INSEQUENCE O	F):									
CERTIFICATION	resulting in death) LAST	d												
2	PART ii. Other aignificent condition	s contributing to	deeth but	not resulting	in the un	derivino	CAUSA	given In	Part i	24a V	MAS AN	WTOPSY	245.1	WERE AUTOPSY FINDINGS
. S						,,	, 00000	917011 111	r art i.	I P	ERFORI	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										100/	ÝES 2	□ NO	1	OF DEATH?
5														1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATN (Ch	neck only o	ane)				
SIC	EXAMINER? 1 [X] YES 2 NO	HOSPITAL:	VER/Outpatio	ort 3 🗆 DOA	OTHER	1:								
 	27. MANNER OF DEATN	28a, DATE OF	INJURY	28b. TIM		28c. INJ	JRY AT	sidenca				JURY OCC	JRED	
ВУ Р	1 Natural 5 Pending	(Month, D	lay, Year)	INJ	IURY M		RK? 'ES 2 [NO	3000.00					
1	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY -	At home, farm,	street, facto	ory, office			28f. LO	CATION (Street ar	nd Number o	or Rural Ro	ute Number,
国	4 Homicide determined	bulleting,	etc. (Specify)						City	y or Town	, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of	my knowledo	e death occum	ad at the ti	me dete	and place	and due	to the ea		-4		4	
M	(Check only one) 2 MEDICAL EXAMINE													and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIES													
B	VOINTO DI	millo						ENSE NUI						Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATN	(ITEM 27) (Type	Print)		C	/. C.	М.Е	0		05,	20/	73
		CORELL		L Penn		-001	- t	}a1+	ima	ro	М-	י ריזים	5 n c	21201
	31. DATE FILED (Month, Day, Year)	32. BEGISTRA		Penn	. SLI	eel	-, E	oa I L	. TIIIO	Te,	I _A I C	тул	anu	21201
	JUN 1 0 1993	3 Jahre	A Service Con	Miner										

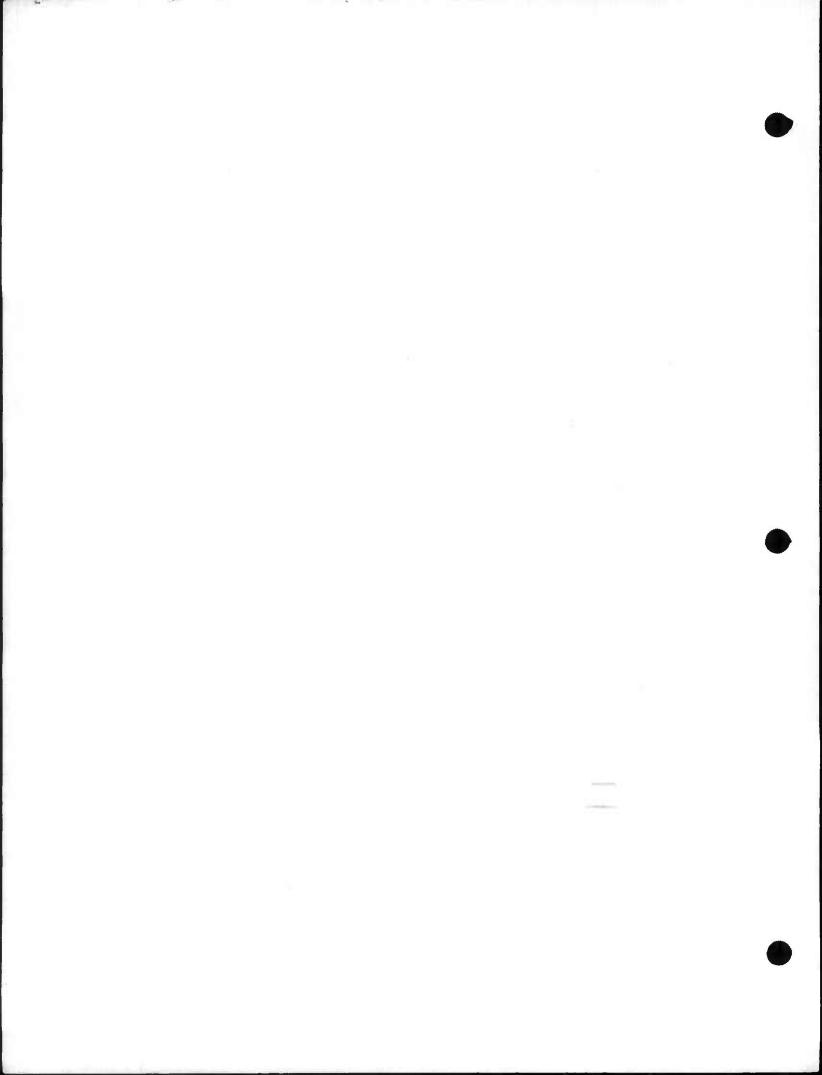


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICAT	E OF DEATH	REG. NO.									
i	1. DECEDENT'S NAME (First, Middle, Last) ELZIE GOODIN		2. DATE OF DEATH DAY	S. TIME OF DEATH								
i	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH, (Month, Pay, Year)	8. BIRTHPLACE (State or Foreign Country)								
OR	SINAI HOSPITAL OF BALTIMORE	Y, TOWN OR LOCATION OF D	7 4	INTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN 100. CITY, TOWN	OR LOCATION		10d, INSIDE CITY LIMITS?								
FUNERAL D	2119 CRIMEA Rd.	10f. ZIP CODE	7 10g. CIT	1 YES 2 NO								
BY FUN	11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13.	WAS OECENDENT OF HISPAI If yes, specify Cubes, Maxics 1 YES 2 NO Specifi		14. RACE — American Indian, Black, Whita, etc. Special								
	15. OECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work does not be a completed) (If the first of work does not be a completed)	during most of working	16b. KIND OF BUSINESS/INI	B/ACC DUSTRY								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last)	ility	ME (First, Middle, Malden Surname)									
BE	Nictor C. Jones	S, (Street and Number or Pare)	Thy F.	Grandin								
2	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION	Rimea	CL. BATTO	md.212								
	1 B Suriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Tar Cen	10 BAI	6. 6. mo								
	Joseph J. Russ 2	282W.N	orth Ave. B	alto Indas								
	23. MRT i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errest, and the interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiretory errors.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or blury).											
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST d											
DICAL C	PART II. Other significant conditions contributing to death but not resulting in the un	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FING AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH?									
₹ I				1 TYES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO SPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nur	26. PLACE OF DEATH (Ch R: rsing Home 5 - Residence										
BY PHY	27. MANNER OF DEATH 1 XX Netural 5 Pending (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED								
9	3 Suicide 4 Homicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, term, street, fact building, etc. (Specify)	tory, offica	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,								
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the money one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my of the money of th											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED AND PWICK M	29c. LICENSE NUI		E SIGNED (Month, Day, Year)								
	30 NAME AND ADDRESS OF TOSPECIAL WILD COMPLETED CAUSE OF PEACH ASSESSMENT			4111								
2	ASHA M. KOVALOVICH, MD SINA!	HOSPITA	L OF BAL	TIMORE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	1215-0020
The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-toward.	r use as the burial-
IMPORTANT: If them 28 is marked, or them 23 shows any injury or other traumatic event, the medical evaminar must be mythat at ence	

	ITEM: 27. PER	MEO FIL	M G=/U5 11,	9/93 1.1	/5.W					9	3 17044	
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND C	/ DEPAR	TMENT O	F HEALTH OF DEAT	AND ME	NTAL HYGIEN REG. NO	E	0 1701.	
	1. DECEDENT'S NAME (First,	Middle, Last)						2.	DATE OF DEATH		3. TIME OF DEATH	
	RODN	FY		HOF	KINS				JUNF (YEAR 1993 1:40	Л М
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE	AR IF UNDER	24 HRS. 7.	DATE OF BIRTH		8. BIRTNPLACE (State or Foreig	90
	214-86-0017		1X M 2 F	3	YRS.	MONTHS DA	YS HOURS		(Month, Day, Year)	Ì	Country)	,
	9a. FACILITY NAME (# not in		treet and number)			9h CITY TO	WH OR LOCATIO		7-14-62	1 0. 00/10	MD	
Œ	1									9c. COUN	ITY OF DEATH	
일	THE JOHNS	HOPKI	<u>NS HOSPI</u>	TAI	BALTIMORE CITY					BAL	TIMORE	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y. TOWN OR L	DCATION				10d. INSIDE CITY	_
뜻	MD				Ba	altimor	-0				LIMITS?	
	10e, STREET AND NUMBER				DC	TETHOL			_		1 X YES 2 NO	
FUNERAL	1833 N. Mon	tford	7				10f. ZIP CODE			10g. CITIZ	ZEN OF WHAT COUNTRY?	
ᄬ		CLOLG					21213				U.S.A.	
입	11. MARITAL STATUS 1 V Never Married 2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U. 13. Never Married 2 Married FORCES? 1 YES 2							RIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.	
₽	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES Z			YES 2 NO	Specify:	,		Specify:	
			l								Black	
TE	(Specify only	EDENT'S EDUC highest grade	completed)	16a, E	Give kind of	USUAL OCCU work done durin	PATION g most of working	1	16b. KIND OF BUS	SINESS/INDI	USTRY	
ויי	Elementary/Secondary (0	-12)	College (1-4 or 5 d)								
₹	7th_				nempl	.oyed						
COMPLETED	17. FATHER'S NAME (First, MI								First, Middle, Maiden	Surname)		
BE	Joseph Hopk		r.				Lil	lian V	Vilkens			
0	19a. INFORMANT'S NAME (7)			11	9b. MAILING	ADDRESS (St	eet and Number	or Rural Route	Number, City or Tow	n, State, Zip	Code)	
-	Lillian Hop	Kins			1833 1	N. Mon	tford A	ve./B	altimore	Mar	vland 21213	
	20a. METHOD OF DISPOSITI		and to a Gara	20b. PLACE	ANDDATE	OF DISPOSITIO					City or Town, State	
	4 Donation 5 Other	(Specify)	over from State	Vosh	remetory or o	ther place)	1 Garde	one	Duar	مام 11ء	Maryland	
	21, SIGNATURE OF FUNEILA	SERVICE LIC	ENSEE	-/			E AND ADDRES		γ Ι	ICA.I.K.		
	V A	no o To	100	1	m.	TATIM C	MADOIT	D 11	/1101 0	NODE	7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1011	Rel	u)		una				/1101 E.			
	23. PART I. Enter the di shock, or he	seases, or coart failure.	complications that List only one ceu	t Caused/tha c se on aach ilr	leath. Do r na.	not enter the	moda of dyln	g, such as	cardiac or respi	ratory arre	eat, Approximate interval Betw	
	IMMEDIATE CAUSE (Fin										Onset and D	
	disease or condition resulting in death)	→ ,	. SEPS	215							1084	5
				(OR AS A CONS	EOUENCE O	F):					Nuc	
Z	Sequentially list condition	000		MON	14						1542	
Ĕ	if any, leeding to immed	late	DUE TO	OR-AS A CONS	EOUENCE OF	F):					/ 1.	
2	CAUSE (Disease or Injur		a MIV	(+)							-14/	
	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSI	EOUENCE OF	F):						
CERTIFICATION	rosaning in Gallin, EAG		d									
	PART ii. Other significed	nt condition	s contributing to	death but not	reaulting	n the under	ving cause di	van in Part	I. 24s. WAS AN	AUTOBEV	24b. WERE AUTOPSY FINDI	NOS
S	MANDINA	DENIA	Ototy				ying could gi		PERFOR		AMAILABLE PRIOR TO	
ā	CIV PONIA	DCIV	New York						1 YES 2	□ NO	OF DEATH?	SE
Σ											1 TYES 2 NO	
ä												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL;				B. PLACE OF DE	ATN (Check o	nly one)			
S	1 YES 2 NO			ER/Outpatient	3 DOA	OTHER:	Nome 5 - Ras	Idence 8 🗆	Other (Specify)			
£			28a. OATE OF (Month, De	INJURY IV Mari	26b. TIM	E OF 28c	INJURY AT WORK?	286	I. DESCRIBE HOW II	JURY OCC	URED	
0	27. MANNER OF DEATH			y, rom/	1140		YES 2	NO				
	1 Natural 5	anding nvestigation	(Internal, Ex	2 Accident Investigation								
B	1 Netural 5 1	nvestigation	28e. PLACE O	FINJURY — At h	ome, ferm, s					nd Number o	or Rural Route Number,	\dashv
B	1 Netural 2 Accident 3 Suicide		28e. PLACE O	FINJURY — At h	ome, ferm, s				. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route Number,	\exists
B	1 Netural 2 Accident 3 Suicide 4 Homicide	evid not be	28e. PLACE Of building,	etc. (Specify)		street, factory,	office	281	City or Town, State)			
B	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	rvestigation Ceuld not be ptermined FYING PNYSIG	28e. PLACE Of building,	etc. (Specify) my knowledge, c	leath occum	street, factory,	office	26f.	City or Town, State) se cause(a) and man	ner es state	d.	
	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	restigation Cauld not be letermined FYING PNYSK CAL EXAMINE	28e. PLACE Of building, CIAN: To the best of a	etc. (Specify) my knowledge, c	leath occum	street, factory,	office	26f.	City or Town, State) se cause(a) and man	ner es state		d.
COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	restigation Cauld not be letermined FYING PNYSK CAL EXAMINE	28e. PLACE Of building, CIAN: To the best of a	etc. (Specify) my knowledge, c	leath occum	street, factory,	data and place,	26f.	City or Town, State) le cause(a) and man, date and place, and	ner es state	d.	d.
BE COMPLETED BY	1 Netural 2 Accident 3 Sufeide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE AUG 10 10 10 10 10 10 10 1	restigation Sould not be leftermined FYING PNYSH CAL EXAMINED OF CERTIFIER	28e. PLACE Of building, CIAN: To the best of 8: On the basis of 92	my knowledge, c	leath occurre	at the time,	data and place,	28f. and due to the	City or Town, State) le cause(a) and man, date and place, and	ner es state	rd. o cause(s) and manner as atate	d.
COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	restigation Sould not be leftermined FYING PNYSH CAL EXAMINED OF CERTIFIER	28e. PLACE Of building, CIAN: To the best of 8: On the basis of 92	my knowledge, c	leath occurre	at the time,	data and place,	28f. and due to the	City or Town, State) le cause(a) and man, date and place, and	ner es state	od. cause(a) and manner as state SIGNED (Month, Day, Year)	d.
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BE COMPLETED BY	1 Netural 2 Accident 3 Sufeide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE AUG 10 10 10 10 10 10 10 1	PERSON WNC	28e. PLACE Of building, CIAN: To the best of 8: On the basis of 92	my knowledge, c	leath occurre	at the time,	data and place,	28f. and due to the	City or Town, State) le cause(a) and man, date and place, and	ner es state	od. cause(a) and manner as state SIGNED (Month, Day, Year)	d.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO BE COMBLETED BY BUYELCIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ar death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Dr. Marvin Rombro

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1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (F	rst, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEAT	Н
Donald	Woodr	าดพ	HARRISO	IJ			June 8	DAY	YEAR QQQ	4:55	P
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	,	8. BIRTI	HPLACE (State or For	
272 12 105	0	1 M 2 F	2	8 YRS.	MONTHS DAY	B HOURS MIN.	May 28.1	OD E	Count	**	
9a. FACILITY NAME (# no		eet and number)			9b. CITY, TOV	N OR LOCATION OF I			UNTY OF D	ginia	
Franklin RESIDENCE OF D 10a. STATE Maryland			Center			rille 212		1100		re Count	У
10a. STATE	10b. COUNTY				r, TOWN OR LO	CATION				10d. INSIDE CITY	
Maryland	Balti	more			Middle	River				LIMITS?	
					TOTAL	10f. ZIP CODE		10- 0	717511 05 1	1 TYES 2 X	NO
20 Dalhia							220	10g. CI			
10e. STREET AND NUMB 20 Dalhia 11. MARITAL STATUS	Dane						220			USA	
1 Never Married 2	K) Married	12. WAS DECEDEN	TEVER IN U.S. A	NO NO	13. WAS	DECENDENT OF HISP/ specify Cuban, Mexic	ANIC ORIGIN? (Specify Year, Puerto Rican, etc.)	es or No—	14. RAC Blac	E — American India k, White, atc.	n,
3 Widowed 4 0		IF YES, GIVE Y	MAR OR DATES			ES 2 NO Spec			Spec	-Mv	
										White	
(Specify	ECEDENT'S EDUCA only highest grade of	ATION completed)		Give kind of w	USUAL OCCUP vork done during	ATION most of working	16b. KIND OF B	USINESS/II	NDUSTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5	+) "	fe. Do NOT us							
8					Drive	r		Truc	king	Company	,
17. FATHER'S NAME (First	Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maide				
George	M. Har	rison				Sarah	Kieser				
19a. INFORMANT'S NAME	(Type/Print)		1	9b. MAILING	AODRESS (Stra		I Route Number, City or To	wn. Stete. 2	Tip Code)		
Elizabeth	Harriso	n (w					River, M			3.000	
			-		FDISPOSITION				- City or To		
200 METHOD OF DISPOS 1 Duriel 2 Creme 4 Donation 5 Ott	tion 3 - Remo	val from State				metery					
21. SIGNATURE OF FUNE		Nece	uooa	Snepr			6/11/93 E	Llico	tt C	ity. Mar	V]
an aluminative OF Pure	12	MOCE			B79137	AND ADDRESS OF F	uneral Hon	DA			
- Yam	Dung	The state of	ha				Ave. Balti			rland 212	רככ
23. FAITH I. Enter the	diseases, D/ CD	mplications the	it caused the c	leath. Do n	ot enter tha	mode of dving su	ch as cardiac or res	piretory e	Treat.	Approxima	
snock, bi	naart fallure. L	iat only ona cau	use on each iir	10.		mode of dying, so	on es cardiac or 163	pilatory a	mrest,	interval Be	
IMMEDIATE CAUSE (disease or condition	inei									Onset and	Deat
resulting in death)	\rightarrow .	Ather	osclaro	ric C	ardiov	scular D	icasca				
		DUE to	TOR AS'A CONS	EQUENCE OF):	oca iai p	racase				
Sequentially list cond	Itlane b.			4	Y \						
If any, leading to imr	ediate	DUE TO	(OR AS A CONS	EOUENCE OF):						
cause. Enter UNDER											
that initieted events		DUE TO	(OR AS A CONS	EQUENCE OF):						
resulting in death) L	ST d.										
DART II Oak as almaid											
PART ii. Other algnif	cant conditions	contributing to	death but not	reauiting i	n tha underly	ing ceuaa given ir		N AUTOPSY	7 24b	. WERE AUTOPSY FIN AMAILABLE PRIOR T	
Intra	epatic	Hema toma					\\ \tag{YES}			COMPLETION OF CA	
	1	ricina com					^_	200	- 1	1 TYES 2 PN	10
25. WAS CASE REFERRED	TO MEDICAL			_	26	PLACE OF DEATH (C	book eek eeel				
EXAMINER?		HOSPITAL:		141/	OTHER:						
1 VES 2 NO		1 Inpatient 2		11.		ome 5 Realdence					
and the state of t	Pending	28e. DATE OF (Month, D		28b. TIME		INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY O	CCURED		
2 Accident	Investigation				M 1	YES 2 NO					
3 Suicide 6		26e. PLACE C	of INJURY — Al I atc. (Specify)	iome, farm, s	treet, factory, o	fice	281. LOCATION (Street		er or Rural I	Route Number,	
4 Homicide	determined		(-()/				City or Town, State	",			
29a. CERTIFIER 1 CE	HTIFYING BHYCIC	AN: To the heat of	mu knowlede:	leath armin	d at the star					<u> </u>	
							e to the cause(s) end m				
		On the beats of e	ASTRICT STOCK	i investigation	n, in my opinio	, ceath occured at the	e time, date end place, a	ind due lo	ihe cause(s	a) and menner as at	ited.
296. SIGNATURE AND TIT	E OF CERTIFIER	1	1	1		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
1/1/	\sim	1 DN	nN	4/	inc	D09	631	> (1	10-9	1 7
			SE OF DEATH (IT			1001	0 - 1	1	eth-	6	-

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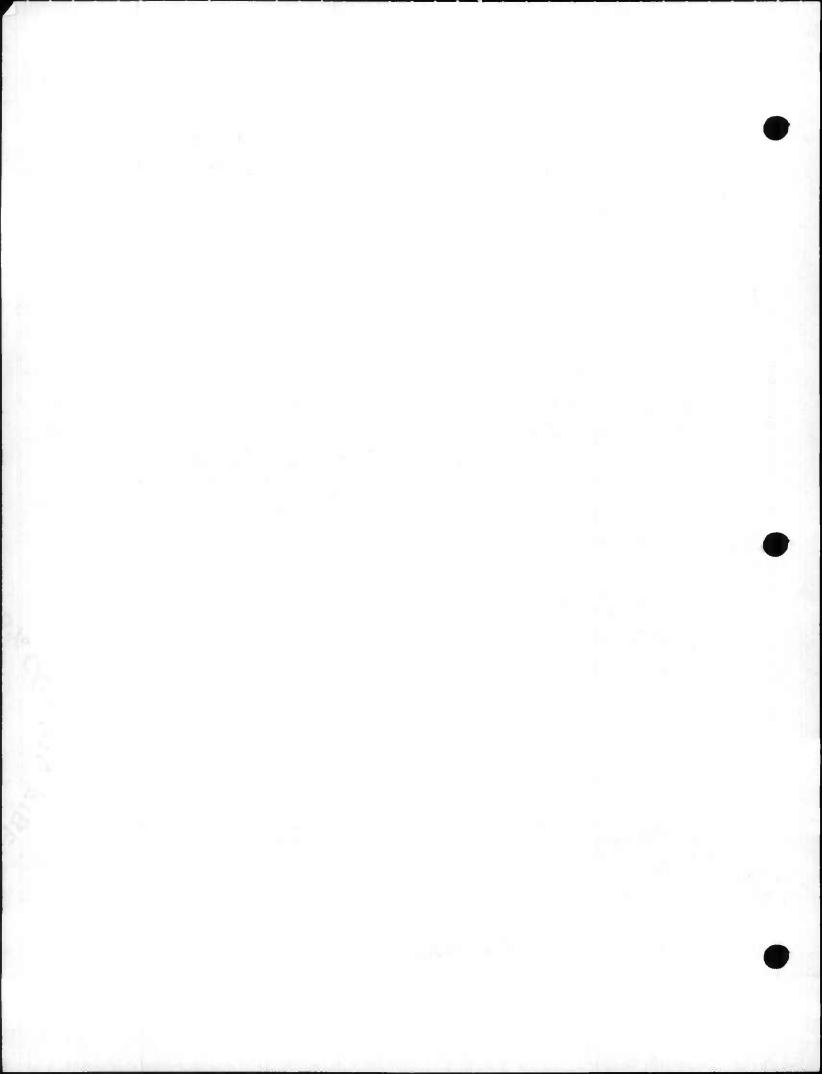
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ay be	page	
NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be r	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	
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TTEN	CTOR:	- 440-

	1 - STATE OF MAI		TMENT OF HEALTH A		HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) KAREN G.	HARM	11.1.	2. DATE OF MONTH	02 9	3. TIME OF DEATH					
	215-44-0308 1 □ M 2 1 F 90. FACILITY NAME (If not institution, give street and number)	YRS.	# UNDER 1 YEAR # UNDER 2 MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATION	MHH. (Month, (13/43	8. BIRTHPLACE (State of Foreig Country) MARYLAND TY OF DEATH					
TOR	HARBOR HOSPITAL CEN	ter	BALTIMO	RE CI	TY						
L DIRECTOR	MARYLAND 106. STREET AND NUMBER		TOWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 XYES 2 NO					
UNERAL	4134 HAGUE AVENUE-1ST.	FLOOR	101. ZIP CODE 212	25		I.S.A.					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	HISPANIC ORIGIN? (Mexican, Puerto Ric	Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE					
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of we		16b. K	IND OF BUSINESS/INDU						
COMP	08 0	HOUS	SEWIFE 18 MOTHS	R'S NAME (First, Mid	HOMEMA	KER					
ш	PAUL E. HARMAN		1000000	330000000000000000000000000000000000000	EDERICK						
10 B	19a, INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number of	or Rural Route Number,	City or Town, State, Zip (
-	PAULETTE E. BIONDO		HAGUE AVEN								
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	cemetery, crematory or oth MOUNT Z	F DISPOSITION (Name of the place)	DATE	29c. LOCATION — C						
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY										
	RAYMOND C. FINK FUNERAL HOME 2106 426 CRAIN HWY S.W.GLEN BURNIE, MD.										
	23. PART I. Enter the diseases, or complications that calculated abook, or heartifeliure. List only one cause immediate CAUSE (Final disease or condition resulting in death)	py each line.	ot enter the mode of dyin	g, such as cardia	c or respiratory arre	st, Approximate Interval Betv Onset and D					
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	ed Vent	el Inte	stine						
MEDICAL C	PART II. Other significant conditions contributing to det MORBID OF	ath but not resulting in	n the underlying cause gl		4a. WAS AN AUTOPSY PERFORMED? YES 21X NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?					
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	ATH (Check only one)		1 TYES 2 NO					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 11 Inpetient 2 ER		OTHER: 4 - Nursing Home 5 - Resi	idence 8 🗆 Other (5	Specify)						
ВУ РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 VES 2 NO										
E	3 Suicide 8 Could not be datermined 28s. PLACE OF IN building, etc.	JURY — Al home, farm, at (Specify)	reet, factory, offica		ION (Street and Number of Town, State)	r Rural Route Number,					
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my medical Examiner: On the basis of axaminer.										
H	29b. SIGNATURE AND TITLE OF CERTIFIER N KI	M. MD	D	SE NUMBER	29d. DATE	SIGNED (Month, Day, Year)					
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF MANY N. KI'M. P	F DEATH (ITEM 27) (Type, I	Print) 1.5 HANOL	TER ST	RHILLIA	DEMIN DIDE					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	ma - 2. 1	4				2. DATE OF MONTH	DAY	YEAR 3. TIME OF D
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTHPLACE (State o
	213-16-6079	1 M 2 F	// YRS.	MONTHS DAYS	HOURS MIN.	(Month,	4-1902	South Ci
œ	98. FACILITY NAME (If not institution, give	street and number		9b. CITY, TOWN	OR LOCATION OF I	DEATH /	T 9c. COU	NTY OF DEATH
CTOR	RESIDENCE OF DECEDENT	no 1 119CE	/	10HI	imore	101	19	
DIRE	10a. STATE 10b. COUNT	TY	10c, CITY	TOWN OR LOCA		/		10d. INSIDE C
AL D	10e. STREET AND NUMBER	11	1/2	14///	Of. ZIP CODE		10g. C/TI	1 YES 2
FUNER	2414 EUM	WYLACE			2/2/	7	11.	15,A.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 -NO	If yes, s	pecify Cuben, Mexic	an, Puerto Ric	(Specify Yes or No-	14. RACE — American I Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 Q YE	S 2 NO Spec	ity:		BIACK
ETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during m		16b. K	IND OF BUSINESS/INC	OUSTRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	me. Do Not us	0 (0.000.)				
COMPLI	17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S N	AME (First, Mic	dle, Meiden Surname)	1/11
BE	19s. INFORMANT'S NAME (Type/Print)	Known			1/1/	10	MAE 1	TO/ DWA
5	h's Nanni	9. L. Sm. 7	3 24/	ADDRESS (Street	and Number or Rura	1 Bouth Number	City or Town, State, Zig	md 212
	20a. METROD OF DISPOSITION 1 Burlal 2 Cremation 3 Ref	novel from State	D. PLACE AND DATE O	OF DISPOSITION (A	lamp63	OATE	20c. LOCATION —	City or Town, State
	4 Donation 5 Other (Specify)		Personal Control of the Control of t	18741	COM.	110	BALL	6. Co. M
-11	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		JOS-9	ON ADDRESS OF I	2255	FUNER	W Ham
1.7	1 10 . 0 . 10 /	_/ / / / / //						
	23. PART I. Enter the diseases, or	complications that caused	d tha death. Do n	233	ode of dying, su	ch as cardle	c or respiratory arr	rest. Approx
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	WSayl	hogen			oc or respiratory arr	reat, Approx Interval Onset
2	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	ach lina.	hogen			c or respiratory arr	Intarva
NTION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. OUE TO (OR AS A	WSayl	Wyw.			c or respiratory arr	Intarva
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BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Pend	a. OUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. MS CONTRIBUTING to death b HOSPITAL: 1 Inpatient 2 ER/Outs (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in Deathert 3 DOA 28b. Time INJU 7 — At home, farm, a	7): That undarlyle 26.5 OTHER: 4 Nursing Ho E OF 20c. IN URY 1	S Yudlu	heck only one) a Other (28d. DESC	4a. WAS AN AUTOPSY PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY OCC TOWN, State)	24b. WERE AUTOPS AMAILABLE PRI COMPLETION COF DEATH? 1 YES 2 (
BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined. 29a. CERTIFIER (Check only)	b. DUE TO (OR AS A DUE TO (OR AS A d. D. D. DUE TO (OR AS A d.	A CONSEQUENCE OF	26. F OTHER: 4 Nursing Ho E OF URY M 1	PLACE OF OEATH (Come 5 Residence OF OEATH (Come 5 No occ	heck only one) a Other (28d. DESC! 28f. LOCAT City or	As. WAS AN AUTOPSY PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY OCC TOWN, State)	24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH? 1 YES 2 (CURED
PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined. 29a. CERTIFIER (Check only)	a. OUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A d. Ins contributing to death b Place of injury (Month, Day, Year) 28e. PLACE OF injury outliding, etc. (Special Sicial Sic	A CONSEQUENCE OF	26. F OTHER: 4 Nursing Ho E OF URY M 1	PLACE OF OEATH (Come 5 Residence OF OEATH (Come 5 No occ	n Part I. 2 theck only one) 8 Other (28d. DESC! 28f. LOCAT City or	As. WAS AN AUTOPSY PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY OCC TON (Street and Number Town, State)	24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH? 1 YES 2 (CURED



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle JOHN	WILLIAM						MO	TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		E UNDER 1 YE		The transfer		E 7, 19	93		3:23
213-22-1031	1 🖾 M 2 🗆 F	74	YRS.	KONTHS DA	IYB H	F UNDER 24 HRS OURS MIN	67	7 20 -1	918	6. BIRTH	PLACE (State or Foreign YLAND
9a. FACILITY NAME (If not institution, give street and number) Sh. CITY, TOWN OR LOCATION OF DEATH Sec. COUNTY OF DI KIMBROUGH HOSPITAL FT. MEADE ANNE AR											
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d, INSIDE CITY
KIMBROUGH HOSP RESIDENCE OF DECEDER 10a. STATE 10b. C MARYLAND 10c. STREET AND NUMBER	ANNE ARUND	EL	C	DENTO		P COOE			law in a		1 YES 2 NO
10. STREET AND NUMBER 453 OAKTON ROA 11. MARITAL STATUS						21113			U	.S.A.	WHAT COUNTRY?
3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2 X N MAR OR DATES	If yes	s, specit	DENT OF HISI y Cuben, Max NO Spe	ican, Puer	GIN? (Specify to Rican, stc.)	ocity Yea or No— 14. RACE — American Indian, Black, White, stc. Specify: WHITE			
15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)	/Gi	CEDENT'S U	de dana durin	PATION	l waddaa	1	8b. KIND OF E	BUSINESS/IN	DUSTRY	
(Specify only highes Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Le	College (1-4 or 5 NONE	+}	Do NOT use B ASSI	retired.)				STA D	RI PA	INT C	COMPANY
JOHN HOOD						HATTI		t, Middle, Maid	en Sumame) LOWI	MAN	
199. INFORMANT'S NAME (Type/Print) BETTY J. HOOD)	196	453 C	DDRESS (Str. AKTON	eet and	AD, OI	al Route Nu DENTO	onber, City or To	own, State, Zi RYLANI	p Code) D 211	.13
20e METHOD OF DISPOSITION 1& Paurial 2 Cremation 3 C 4 Donation 5 Capther (Specify	Removal from State	20b. PLACE A cemetery, cree NICHO	ND DATE OF	DISPOSITION or place) ETHEL	N/Name	of TED M	8; ETH.	0/1	LOCATION — DENTO		
21. SIGNATURE OF FUNESIAL SERV	The Services	CHUR	CH CE	AEEEE	E AND	ADDRESS OF	FACILITY	SINGL	ETON	FUNE	RA1 HOME
23. PART I. Enter the diseases		t caused the de-	oth Do not								, MD.21061 Approximate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	b. DUE TO	OR AS A CONSECUTION OF AS	UENCE OF):	hr.1.	lali	w	п				Onast and De
PART ii. Other algnificant con	ditiona contributing to	death but not re	eaulting in	the underl	ying co	Buse given i	in Part i.		N AUTOPSY ORMED? 2 X NO	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 X NO
25. WAS CASE REFERRED TO MEDIC											
EXAMINER?	HOSPITAL:	ER/Outpetient 3		THER:		OF DEATH (
27. MANNER OF OEATH 1 X Natural 5 Pending	28a. DATE OF (Month, D.	INJURY	28b. TIME (OF 28c.	INJURY WORK?		7	ESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigs 3 Suicide 8 Could no 4 Homicide determin	ot be 28s. PLACE O building.	F INJURY — At hon atc. (Specify)	ne, farm, stra				281. LC	CATION (Streety or Town, Stat	t and Number	r or Rural A	oute Number,
29a. CERTIFIER 1 CERTIFYING (Check only one) 2 MEDICAL EXA	PHYSICIAN: To the best of	my knowledge, dea	th occurred a	st the time, o	date and	place, and de	ue to the c	euse(a) and m	anner as stat	ted.	and manner so stated
296. SIGNATURE AND TITLE OF CER		11)			_	LICENSE N					(Month, Day, Year)
DONALD J. LAAS			27) (Type, Pr.		DE	MD ~	0755-5	em.		1	
31. DATE FILED (MONTH, Day, Year)	32 REGISTRA	R'S SIGNATURE		Z. PEF	إنال		<i>1133-</i> 3	<u>au</u>	-		
1		- Larred and high	Incep								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, AR ATTENDING PHYSICIAN: The law

CENTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Penes 1	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPIT	を	led within 7,	ORTANT: I
101	101	De fil	M

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30. NAME AND AQORESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1993

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32. REGISTRAR'S SIGNATURE

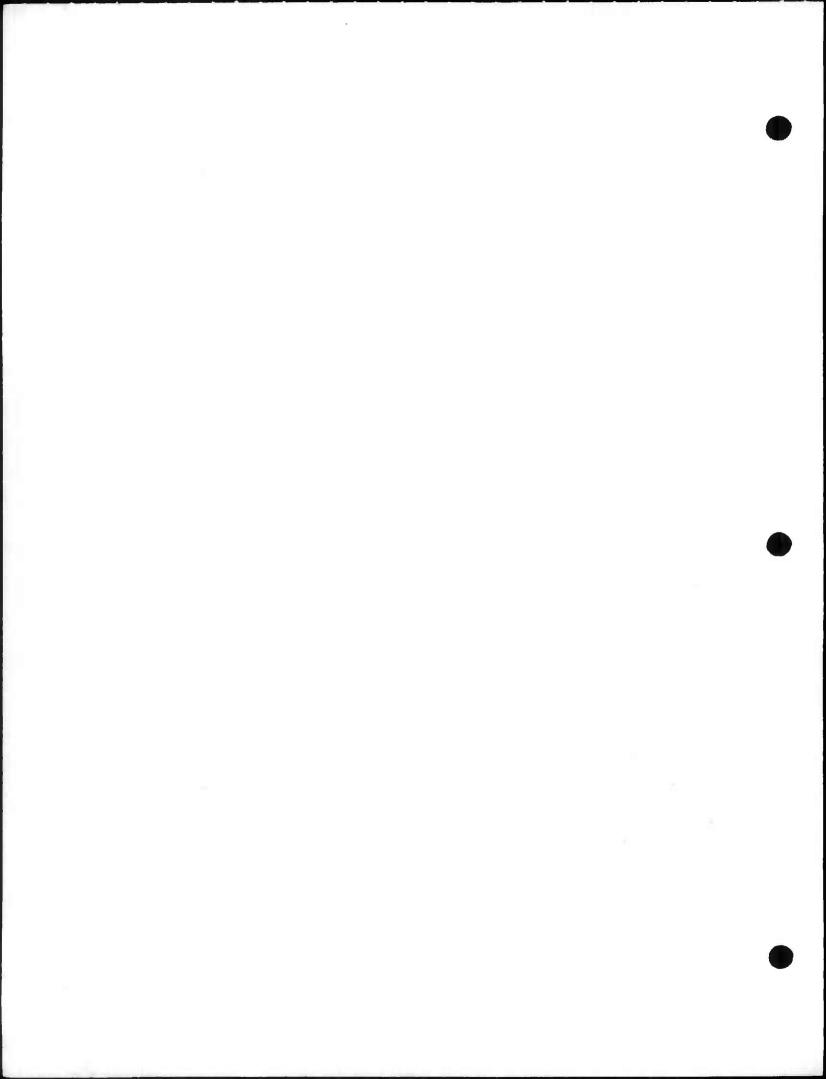
93 17049 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATN 1993ª Daniel Jones 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F HOURS 215-22-7118 66 YRS. 11-17-26 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1615 Dukeland Street DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1615 Dukeland Street It S A 21216 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuben, Mexican, Puerto Ricen, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 🔀 Never Married 2 🔲 Marrie BY Specify: **Black** 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION State of Maryland/ Dept. of Economics and (Specify only high Elementary/Secondery (0-12) College (1-4 or 5+) 4 yrs. Employment Div. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) James Jones Helen Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grace Mello 2414 Albion Ave./Baltimore, Maryland 21214 20a. METNOD OF DISPOSITION

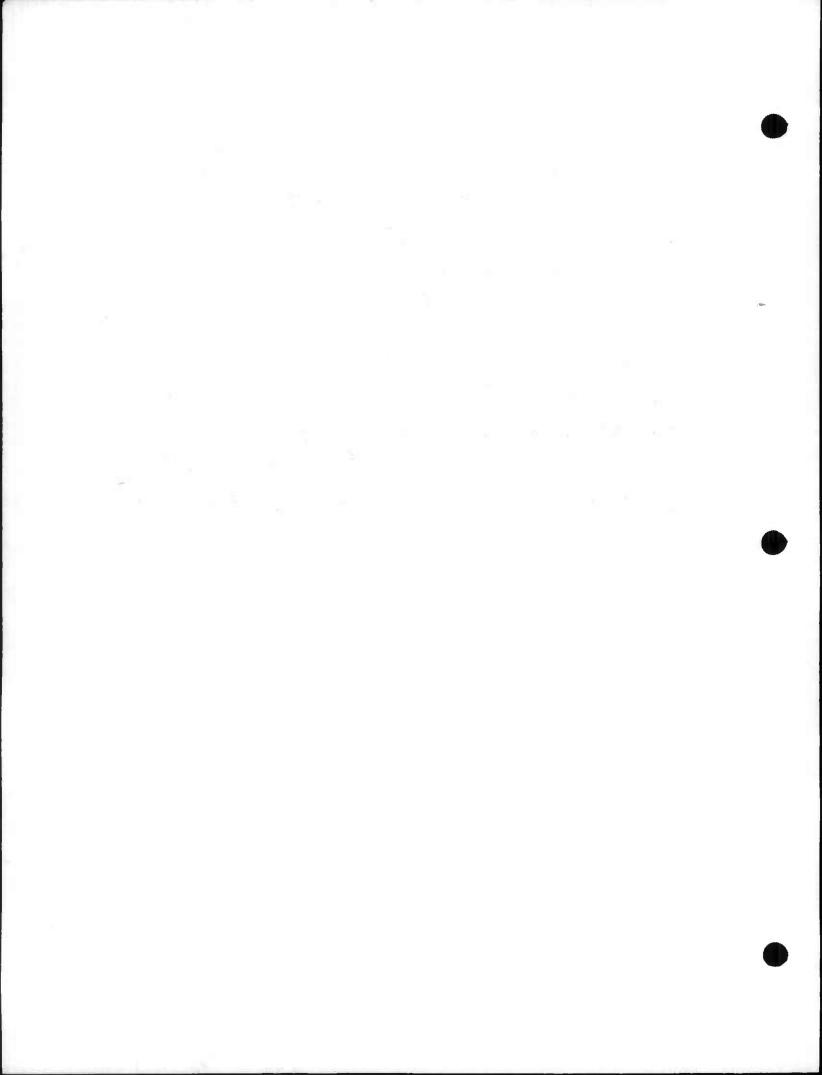
1 1 2 Disposition | Security | Securit 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, Stata MoodLawn Cemetery Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSET 22. NAME AND AGORESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition PROSTATE CANCER resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequantially list conditione, DUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) OTHER 1 | YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Nome 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Month, Day, Year) 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Nomicide 29a. CERTIFIER 1 REPRESENTATION OF THE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 36 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

N. EUTAW

MD2-1201



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use as the burial-transit permit. Pages 1, 2, 3 should

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detached

completely filled in by the funeral director, page 5 should be nal, cremation, or removal.

been signed by the attending physician and con at. of Health and Mental Hyglene prior to bunal,

certificate has be

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.O. B(certificate
S, P	death
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S.	that
REC	requires
_	A.P.
IA	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	VDING PHYSICIAN: The law requires that the death certificate
VISION	1
5	OR AT
-	DSPITAL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH
3.:24 AM 2. DATE OF DEATN JONES, SR **JAMES** Η. **WOOTH** 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) 1- M 2 - F 246-01-5182 YRS 20 N. CAROLINA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 - YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 308 MARIE AVENUE 21060 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. FORCES? 1 TYES 2
IF YES, GIVE WITH OR DATES
WW 11 1 Never Married 2 M Merried ΒY 1 TYES 2 TO NO Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete College (1-4 or 5+) Elementary/Secondary (0-12) 0 MECHANIC-CHAUFFEUR PETROLEUM MFG. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES H. JONES Ħ BE ALICE E. OWEN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 MYRTLE D. JONES 308 MARIE AVENUE-GLEN BURNIE, MD. 21060 2 20e. METHOD OF DISPOSITION

|X| Buriel 2 | Cremation, 3 | Re

| Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must CEMETERY 6/11 GLEN BURNIE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, shock, or heart fallers. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition the Respiratory ARRES resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): etastatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 6 Injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: N/A 23 Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL 1 YES 2 NO OTHER: 4 ☐ Nursing Nome 5 Rasidence 6 ☐ Other (Specify) ntient 2 - ER/Outpatient 2 DOA 6 27. MANNER OF DEATH 1 Netural 5 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. MIERAL DIRECTOR: After thi MITH 72 hours after death w STANT: If Item 28 is mark 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide IMPORTANT: If Item CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 __ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinton, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIONED (Month Day Year) · 6-8-93 D20431 0 ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
LONG S. HSU, M.D./300 HOSPITAL DRIVE #230/GLEN BURNIE, MD. 21061 Jula Daydon fondes

FOR

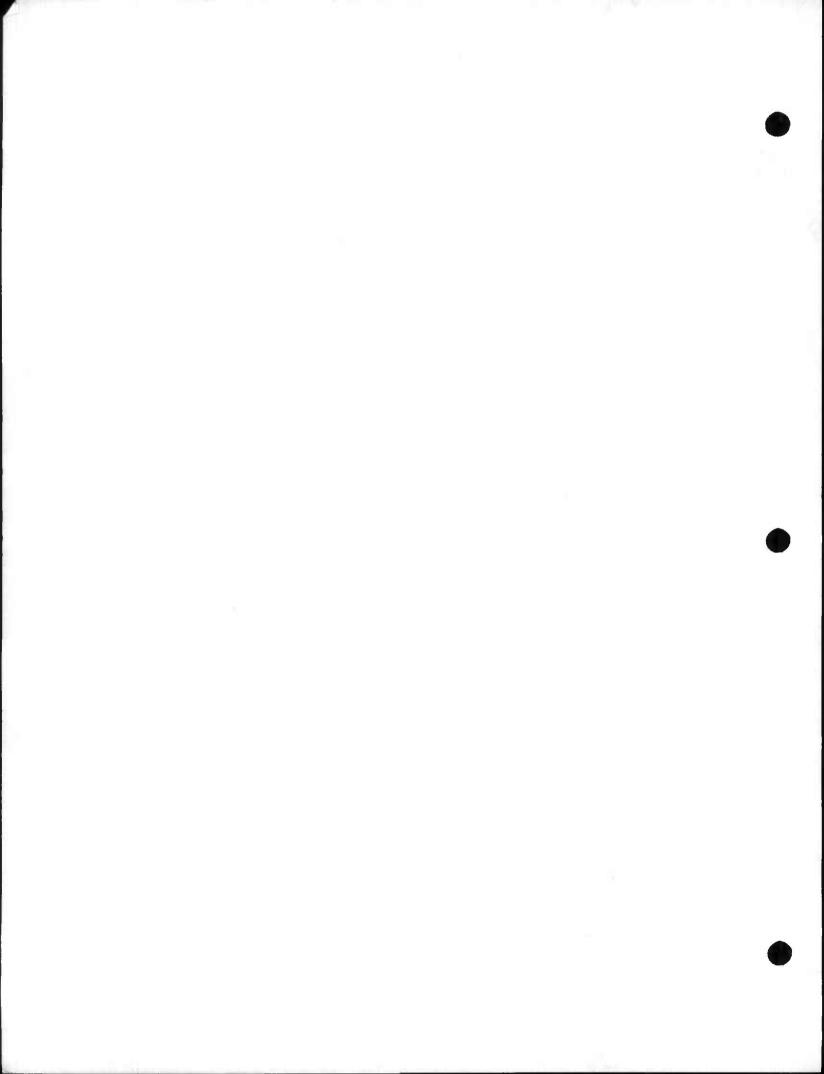
				ICATE					REG.				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEAT			rear .	3. TIME OF DEATH
Benjamin	Jeandre	evin	K	ina				0.6	_	0.6		93	2215
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	1		BIRTHE	LACE (State or Foreign
168 03 2244	1 XM 2 F	83	YRS.	MONTHS	DAYS	HOURS	WIN.		n, Doy, Yea 15 — 1			Mi C	higan
Se. FACILITY NAME (If not institution, give	street and number)			9ь, СІТҮ,	TOWN OR	LOCATIO	ON OF DE				c. COUNT		
Shock Trauma C	enter			Ba	ltir	nor	e				na	a	
10e. STATE 10b. COUNT			10c CIT	Y, TOWN O									
Maryland C	arroll (County		Hams									10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					10f. 2	ZIP CODE	E			1	Dg. CITIZE		1 YES 2 NO
4600 Miller's	Station	Road				210	74				US		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13. V	WAS DECE	NDENT O	F NISPAN	IC ORIGII	V? (Specify	y Yes or		RACE	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 WAR OR DATES	no		f yes, spec				Rican, etc.	-)		Black, Specify	White, etc.
15. DECEDENT'S ED (Specify only highest grad		16a. D	ECEDENT'S	USUAL OC	CUPATION			168	. KIND OF	BUSINE	ESS/INDUS	TRY	WILLE
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of to b. Do NOT ut	work done d se retired.)	Junng most	of workin	g						
12 +	4+	Ov	ner	Ope:	rato	r		T	ree	Fa	rm		
17. FATNER'S NAME (First, Middle, Last)						18. MOTH	VER'S NAM	ME (First,	Middle, Ma	iden Sun	name)		
Henry Burr K	ing					77.00	ie						
19a. INFORMANT'S NAME (Type/Print)	:		b. MAILING										
Frank Schoepf			4525		-		Stti						
1 Buriel 2 Cremation 3 Ref 4 R Donation 5 Other (Specify)		20b. PLACE cemetery, cr	emetory or o	ther place)	ITION (Nem	e of		DAT	E 200	. LOCAT	ION — CIt	y or Tow	n, Steta
21. SIGNATURE OF FUNERAL SERVICE L	onal	Ld Wade	e,Di	r 22. N	NAME AND	ADDRES	SS OF FAC	S YTUR	tate	e A	nato	my	Board
Jundel 11	1 1000	6/	9/93	65	5 W . I	Balt	timo	res	T,B	alt	o, MI	2	1201
IMMEDIATE CAUSE (Finel disease or condition	. List only one cet	ise on each lin	е.		the mode		ng, such	ss cen	disc or n	espirate	ory srres	t,	Approximats interval Between Onset and Des
IMMEDIATE CAUSE (Fine)	s. Due to	(OR AS A CONSE	e. GUENCE OF	า การน			ng, such	ss cen	disc or n	espirat	ory stres	t,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSE	EQUENCE OF	กา คา คา:	vie.	5			24a. WAS	3 AN AUT	TOPSY D?	24b. \	Interval Between
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IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	COUENCE OF COUNTY OF COUN	OTHER 4 Nursi	26. PLACE: Ing Home 28c. INJUN WORK 1 YE:	Ceuse g	EATH (Choosidence (Part i. ck only or 5 Othe 28d. DES	24a. WASPER	S AN AUTHORMETS S 2 U	TOPSY D? NO	24b.)	Interval Betwee Onset and Des
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IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation of Death determined. 29a. Certifier (Check only) 1 CERTIFYING PHYS	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. PISCONTRIBUTING to 28a. DATE OF (Month, D) 28a. PLACE O building. SICIAN: To the best of a:	(OR AS A CONSE (OR AS A CONSE	COUENCE OF COUNCE OF COUN	OTHER 4 Nursi E OF PURY 5 3 M street, facto	derlying of 26. PLACE WORK 1 VE: PLACE W	CE OF DE	EATH (Checkler of NO NO and due to add at the t	Part i. ck only or 5 Othe 28d. DES Dri 28t. LOC City Mt.	24a. WAS PER 1/2 YE 1/2 YE 1/3 YE 1/4 (Specify) 1/4 (Speci	B AN AUTO FORMED S 2 U	TOPSY DO? NO RIY OCCUP Au t Number or & C as stated.	24b.)	Interval Betwee Onset and Des
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IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	COUENCE OF COUNTY OF COU	OTHER 4 Nursi	derlying of the second of the	Ceuse g CE OF DE 5 Rei RY AT (? \$ 2 X	EATH (Chooler in Figure 1) NO and due to the to the total control of the	Part i. Ck only or Other 28d. Des Dri 281. LOC City Mt. to the cat	24a. WAS PER VO YE VO YE VO YE ATION (Str or Yown, S C a Y III Jee(a) and and place	DW INJU in red and interior manner p, and de	TOPSY D? NO RY OCCUP AU † Number or & G ea started. as to the c	24b. V	VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO OOLE imp ute Number, Such Mil and manner as stated. Month, Day, Year) 7 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hour after death. Place 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or namedical examinent must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



if death. Page 6 may be retained by the hospital or attending physican	he funeral director, page 5 should be detached for use as the burial name learning to 7, 3 should al.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial training herein to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1. DECEOENT'S NAME (First, Middle, Last) JOSEPH HUGH		ER	IUGH	KE	LLEI	R		2. DATE O MONTH	F DEATH O	-4-9 4	43	. TIME OF DEATH //37 M	
	4. SOCIAL SECURITY NUMBER 223 24 4755	5. SEX 1 M 2 F	6. AGE (In yrs. 75	lest birthday) YRS.	IF UNDER 1		IF UNDER 24	MIN.	7. DATE Of (Month), 7 - 3	F BIRTH Day, Year) 1-19	18	6. BIRTNPL Country) Nar	ACE (State or Foreign tkabd	
_	9a. FACILITY NAME (If not institution, give si	treet end number)			9b. CITY, 1	TOWN OR	LOCATION	OF DEA				ITY OF OEA		
OR BO	Frederick Me		Hospi	tal	25	der		10,00					ck County	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		44 00										
DIRECTOR	Naryland Fred	derick (County		r, town on			€.					Od. INSIDE CITY LIMITS? YES 2 NO	
41	10e. STREET AND NUMBER					101. 2	IP CODE				10g. CITIZ	ZEN OF WH	AT COUNTRY?	
FUNERAL	7117 Ridge Roa						217					SA		
교	1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2	ARMEO NO	13. W	AS DECEN	VDENT OF	HISPANI	C ORIGIN? Puerto Ric	(Specify Yes	or No-	14. RACE -	- American Indian, White, atc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE W					□ NO			aut, vic.,		Specify: White		
COMPLETED	15. DECEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OCC	UPATION			16b, F	(IND OF BUS	SINESS/IND	USTRY		
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	_	(Give kind of life, Do NOT u	work done du se retired.)	ring most	of working		M	D/VA	Mil	le Co	-00	
4	12+	4	F	ield	Milk	In	spec	cto	ויי					
ΣI						_			A	dmin		atio	n	
8	17. FATNER'S NAME (First, Middle, Last)					1	16. MOTNE	R'S NAM	E (First, Mic	ddle, Meiden	Surname)			
BE	Charles Ernest 190. INFORMANT'S NAME (Type/Print)	Keller								auve		. :		
2					ADDRESS (
	Shirley Kelle	r		711	7 Ric	lge	Rd,	Fre	deri	ck,M	D 21	701		
	20a. METHOD OF OISPOSITION 1 Burlel 2 Commation 3 Ramo Other (Specify)	1	cemetery,	cremetory or c		ION (Neme	e of		OATE	20c. LO	CATION — C	Ity or Town	o, State	
4	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES	a ra a	- D.	22 N/	AME AND	ADORESS	OF FAC	II ITY or a	1				
	Survey / 1/1	Ronal	a waa 67	e,Dii 8/93						ate :,Bal			Board 1201	
	21 PART I. Enter the diseases, or c	omplications that	caused the	deeth Do	not enter ti	he made	of duba	- Auch	an anadte			STV		
- 1	shock, or heart fallure. I	List only one cous	e on eech II	ne.	not enter ti	ne mode	or dying	g, sucn	as cardia	ic or reapi	ratory sm	est,	Approximats Interval Between	
	IMMEDIATE CAUSE (Final	A				0					_		Onset and Death	
	disease or condition resulting in death)	ARTERI	DSCL	EROT	ic	CAR	2010	VAS	CUL	HR .	DisE	ASE		
			OR AS A CONS											
CERTIFICATION	Sequentially list conditions,	DUE TO #	OR AS A CONS	EQUENCE O	D.									
Ę	if any, leading to immediate cause. Enter UNDERLYING	552.15 (on as a cons	SECOLINCE O	r):									
윤ᅦ	CAUSE (Disease or Injury that initiated events	DUE TO #	OR AS A CONS	EUIENCE O	E.								-	
Ē	resulting in death) LAST	332.13 (on no n com	ACOULINGE O										
Ü		1.											-	
	PART II. Other significent conditions	contributing to	leath but no	t resulting	In the unde	erlying o	euse giv	en In P	art I. 2	4a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
EDICAL										PERFOR			MILABLE PRIOR TO	
<u> </u>									— I ¹	YES 2	□ NO		OMPLETION OF CAUSE F DEATH?	
۱ ک									_			1	YES 2 NO	
<i>;</i>									_					
⊴ ∦	25. WAS CASE REFERRED TO MEDICAL					26. PLAC	CE OF DEA	TN /Chec	k only one)					
잃내	EXAMINER? 1 YES 2 NO	HOSPITAL:		. 174	OTHER:									
≚ I		1 Inpatient 2			4 🗌 Nursin			dence 6	Other (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF II (Month, Day		28b, TIM	E OF 2	8c. INJUR WORK		- 1	28d. OEŞCI	RIBE NOW IF	NJURY OCC	URED		
à I	2 Accident Investigation				M	1 YES	5 2 🗌 🖰	NO						
3 Suicide 8 Could get be 286. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number.										te Number,				
ш	4 Nomicide determined	building, e	ic. (apecity)						City or	Town, State)				
۱۱ ت	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of n	u kasuladas	double account	-4 -4 44 - 41-	4								
COMPLET	(Check only one) 2 MEDICAL EXAMINER												nd menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				DI + 1 P DI + AT									
BE			MD			'	•		67		h -	1/	lonth, Day, Year)	
	Robert R R R	oferts.	-	FALOR C	Dates	Ĭ,	•	98	67		29d. DATE	, /	orth, Day, Year)	
B.		Stertz CAUSE	-		Print)		Do	98		DEK	> 0	6/0	101th, Day, Year) 04/93 1/2/70/	

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93

	REGISTRAR		CERTIF	FICATE O	F DEATH	REG	NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) Bertha		app			June 8,		YEAR	3. TIME OF DEATH	
COMPLETED BY FUNERAL DIRECTOR	216 01 3569	I □ M 3√D(F {	GE (In yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRT (Month, Day, Ye April 1	er)	Countr	HPLACE (State or Foreign ry) aryland	
	90. FACILITY NAME (If not institution, give street and number) 412 Back River Neck Road RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH ESSEX				Baltimore		
	10e. STATE 10b. COUNTY Md. Baltin	ore	10c. Cl	10c. CITY, TOWN OR LOCATION			10d. INSIDE CI LIMITS?			
	10a. STREET AND NUMBER				10f. ZIP CODE			1 ☐ YES 2 ☐ NO		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARM FORCES? 1 YES 2 THOUSES IF YES, GIVE WAR OR DATES			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicon, Puerlo Rican, atc.) 1 VES 2500 Specify:			ty Yee or No—			
	15. DECEDENT'S EDUCAI (Specify only highest grade co. Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT to	work done during most of working ise retired.)			F BUSINESS/INDUSTRY ern Electric Co.			
	17. FATHER'S NAME (First, Middle, Lest) Bernard Schott 18. MOTHER'S NAME (First, Middle, Meiden Surneme)									
TO BE	190. INFORMANT'S NAME (Type/Print) Otto Knapp Husband 19b. MAILING ADDRESS (Street and Number of Rural Roune Number, City or Town, State, Zip Code) 412 Back River Neck Road Baltimore, Md. 21221									
	20g. METHOD OF DISPOSITION Competion Manager Competion Co						num Otata			
	21. SIGNATURE OF FUNERAL SERVICE LIDEN			Bruz	dzinski l	Funeral 1	Home PA		ryland 2122	
CERTIFICATION	shock, pr haart failure List only pna cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause).									
CERTIF	CAUSE (Discess of Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Separation description of cause of death of the underlying cause given in Part I. Performed 1 YES 2 NO 24b. WAS AN AUTOPSY PRIDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
ਠੋ∥		IOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)				
SŁ [1 YES 2 NO 1	Inpetient 2 ER/O		4 - Nursing Ho	me 5 Residence					
BY P	Netural 5 Pending	Netural 5 Pending (Month, Day, Year)			28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO					
	3 Suicide 6 Could not be datermined	28e. PLACE OF INJU building, etc. (S	PRY — At home, farm, pecify)	ce	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIA EXAMINER:	(Check only Chertifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.								
O BE C	296. SIGNATURE AND TITLE OF CERTUPIER 1 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) 296. 1 297. 1 298.									
	Nacem Gauhar 406 Eastern Blvd. 21221									
5	JUN 1 1993	32 REGISTRAR'S SIN	GNATURE And ALL							

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	led in by the funeral director, page 5 should be detached for use as the burial-transit p., or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDIAL TITLE IN THE HOSPITAL OR ATTENDIAL THE HOSPITAL OF THE HOSPITAL	TO THE FUNERAL DIRECTURE TO COMPANY State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal, page 5 should be detached for use as the burial-transit por be filed within 72 hours are dean with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

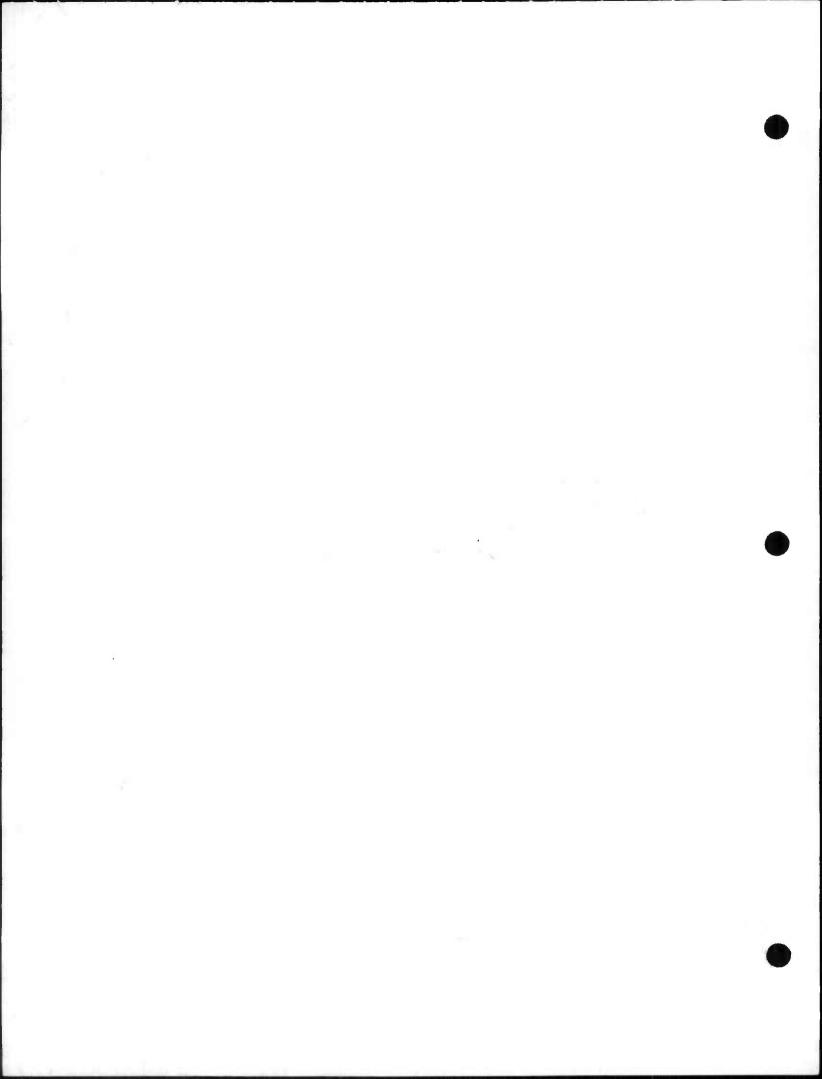
DOEDSTITE NAME (First, Modes, Last) John William Klees, Jr. 4. SOCIAL SECURITY NUMBER 2. SECK 4. SOCIAL SECURITY NUMBER 5. SECK 2. SACE S. AGE (IN yes, last betwelve) 4. SECK 2. SECK 2. SACE S. AGE (IN yes, last betwelve) 4. SECK 2. SECK 2. SACE S. AGE (IN yes, last betwelve) 4. SECK 2. SECK 2. SACE S. AGE (IN yes, last betwelve) 4. SECK 2. SACE S. AGE (IN yes, last betwelve) 4. SECK 4	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART			MENTAL HYG	IENE	93	17055
JOHN WILLIAM KLEES, JT. - SOCAL SECURITY MARKER - SOCAL SECURITY SOCAL SECURITY - STATE MARKER - SOCAL SECURITY SOCAL SECURITY - STATE - SOCAL SECURITY SOCAL SECURITY - SOCAL SECURITY SOCAL SECURIT	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT			3. TIME OF DEATH
A SOCIAL SECURITY NUMBER? 215-22-9569 1524-22-9669 1524	John William Kl	ees, Jr.					4 19	93	6 P.M.
Section Sect	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in)	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	H	A BIRTHP	
Se. PART J. ESTORMAT'S NAME (For Imminer, per sewer and number) 4.12 Old Line Avenue Laurel, Maryland Are County No. CORTY No. STREET AND NUMBER 4.12 Old Line Avenue 1. WAS DECEDENT SEVEN OF WAS ON DAYS 1. WAS DECE	215-22-9569	1 XM 2 = F 66	YRS.	ONTHE DAYS	HOURS MIN.	Nov. 21	1926	Balt	. Marvlar
HERDIDENCE OF DESCRIPTION Sec. COLVEY Sec. CITY, TOWN OR LOCATION Laurel Sec. CITY, TOWN OR LOCATION Sec. CITY, TOWN OR LOCATION Laurel Sec. CITY, TOWN OR LOCATION Sec. CITY, TOWN OR LOCATION Laurel Sec. CITY, TOWN OR LOCATION L	9e. FACILITY NAME (If not institution, give s	treet and number)	1	b. CITY, TOWN O	R LOCATION OF I			1	
Maryland Anne Arundel Laurel 10 10 10 10 10 10 10 1		enue	L	aurel,	Marylan	d			
Mary Land Anne Arundel Laurel 1 1 1 1 1 1 1 1 1	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
10. STREET AND NUMBER	Maryland Anne A	runde1	Laur	e1					LIMITS?
11. MARTAL STATUS 1 Wever Married 2 Married 1 Married 2 Ma				101.	ZIP CODE		10g. CI		
TONICES STATE NOTICES	412 Old Line Av	enue		2	20724			USA	
10 PORCES Tay No. 96 Control Tay No. 96 T	11. MARITAL STATUS			13. WAS DECI	ENDENT OF HISP/	ANIC ORIGIN? (Specif	v Yes or No.—	14. RACE -	- American Indian
19. DECEDENT'S EDUCATION Close (1-4 or 5 -) 19. DECEDENT'S USUAL OCCUPATION Close And of working to complete growth of the property (6-12) 12 12 15. MOTHER'S NAME (First, Middle, Laid) 17. FATHER'S NAME (First, Middle, Laid) 18. MOTHER'S NAME (First, Middle, Laid) 19. MOTHER'S NAME (First, Middle, Middle, Str. 19. MOTHER'S NAME (First, Middle, Mi		IF YES, GIVE WAR OR DATE		If yes, spe	ecity Cuban, Maxic	en, Puerto Rican, ato	۵.)	Black,	White, atc.
Beamoniary/Secondary (6-17) College (-14 or 5 +) Re-Worker General Electric In. Mother's name (First, Mindin, Last) John W. Klees, Sr. In. Mother's name (First, Mindin, Last) John W. Klees, Sr. In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) Emma Rice In. Mother's name (First, Mindin, Makkin Sumanne) In. Mother's name (First, Mindin,	15. DECEDENT'S EDU	CATION 16	6a. DECEDENT'S US	SUAL OCCUPATIO	N	16b. KIND O	F BUSINESS/IN	DUSTRY	
12 17. FATHER'S NAME (First, Micking, Last) 16. MOTHER'S NAME (First, Micking, Macker, Surmanne)		completed)	(Give kind of wor	rk done during mos	st of working				
John W. Klees, Sr. Semma Rice Street and Number of Rural Route Number, City or Rown, State Park			Re-Worke	r		Gene	ral El	ectric	
John W. Klees, Sr. The INFORMANT'S NAME (Type/Print) Erma M. Klees 199. MAILING ADDRESS (Stored and Number or Rural Route Number, City or Sever, Stein, Zip Code) 412 Old Line Avenue, Laurel, Maryland 20724 209. METHOD OF DISPOSITION 120 ISSURIAL STORY OF Sever, Stein, Zip Code) 121 Survial 2 Commention 3 Removal from State 4 Donates 5 Other (Specify) 21. SURVIAL STORY OF Sever, Stein, Zip Code) 22. PART I. Effect the diseases, oy Compilications, that steeped the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved school, or heart failure, List only who cables on about itse. 22. PART II. Effect the diseases, oy Compilications, that steeped the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved school, or heart failure, List only who cables on about itse. 34. Dougle To (OR AS A COMBEQUENCE OF): 54. DUE TO (OR AS A COMBEQUENCE OF): 55. NAME CASE REFERENCE TO MEDICAL HOSPITAL: 1 Operation 2 OR FRANCE OF DEATH (Check only single) 1 Operation 2 OR FRANCE OF DEATH (Check only single) 2 ONE TO (OR AS A COMBEQUENCE OF): 25. NAME CASE REFERENCE TO MEDICAL HOSPITAL: 1 Operation 2 OR FRANCE OF DEATH (Check only single) 2 ONE TO (OR AS A COMBEQUENCE OF): 25. NAME CASE REFERENCE TO MEDICAL HOSPITAL: 26. PLACE OF DEATH (Check only single) 27. MAINTER OF DEATH 28. PLACE OF DEATH (Check only single) 28. DUE TO (OR AS A COMBEQUENCE OF): 29. MAINTER OF DEATH 29. PLACE OF DEATH (Check only single) 29. ACCIDENT SINGle) 29. PLACE OF HALUPY As home, farm, street, factory, office 29. DUE TO (OR Manuface on Place of Mainter or Place of Number or	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N				
198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) ETTIMA M. KIGES 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 412 Old Line Avenue, Laurel, Maryland 20724 20c. MAINT Number (Property of Committee) 20c. MAINT Number (Property	John W. Klees,	Sr.					and our containey		
Erma M. Klees 412 01d Line Avenue, Laurel, Maryland 20724 20a. METHOD OF DEPOSITION 3 Removel from State (a Donation 5	19e. INFORMANT'S NAME (Type/Print)		19h MAII ING A	DOBESS /Street as			- Pour Otets 7	To Control	-
20s. NASE CASE REFERENCE TO MEDICAL Sequentially list conditions Buffley of Committed and the death but not resulting in the underlying cause given in Part I. PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART B. Other significant conditions DUE TO [OR AS A CONSEQUENCE OF]: 1 YES 2 HO 1 Ingester I In									1724
12 Surfal 2 Cremation 3 Removal from State Crownsylle Crownsylle Crownsylle Crownsylle Crownsylle Md.	20a, METHOD OF DISPOSITION	200 00							
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Farry, leading to immediate cause. Enter UNDERLYING CAUSE (Or As a Consequence of):	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Myoca	Indi				eupiratory a	rrest,	Approximate Interval Betwee Onset and Dea
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inputient 2 ER/Outpatient 3 DOA 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 3 Suicide 4 Homicide 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 3 Suicide 4 Homicide 28. DATE OF INJURY 3 Suicide 4 Homicide 28. PLACE OF DEATH (Check only one) 29. CERTIFIER (Check only 1 YES 2 NO 28. DATE OF INJURY 3 Suicide 4 Homicide 28. PLACE OF INJURY At home, farm, street, factory, office Dity or Rown, Some) 290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.	resulting in death) LAST								
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EXAMINER? 1 YES 2 NO						1 = YI	S 3 🗆 NO	0	OMPLETION OF CAUSE F DEATHT
1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Pleadence 6 Other (Ripecity) 27. MANNER OF DEATH 1 Netrural 5 Pending Investigation 3 Suicide 6 Could not be determined Death of the participation Death of		HOSBITAL			ACE OF DEATH (C	twick andy one)			
1 Natural S Pending Investigation Accident Investigation Pending Investigation Suicide Could not be determined Description Suicide Homicide Description Descri	1 TES 2 NO				5 SPResidence	8 Other (Specify)			
3 Suicide 4 Homicide 5 Could not be determined 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	1 Metunsi 5 Pending			Y WOR	RK?	26d. DESCRIBE H	OW INJURY O	COURED	
(Check only 1 🖂 CERTIFTING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, office				er or Rural Rou	te Mumber;
	(Check only								ind menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER WANTED 199. 1296. LICENSE NUMBER D24283. 29d. DATE SIGNED (Month, Day, 199.)			10.		29c. LICENSE NU	MBER			

JUN 10 1993

32. REMETRIANS

Mandall.

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TO THE HORENEL OF MENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

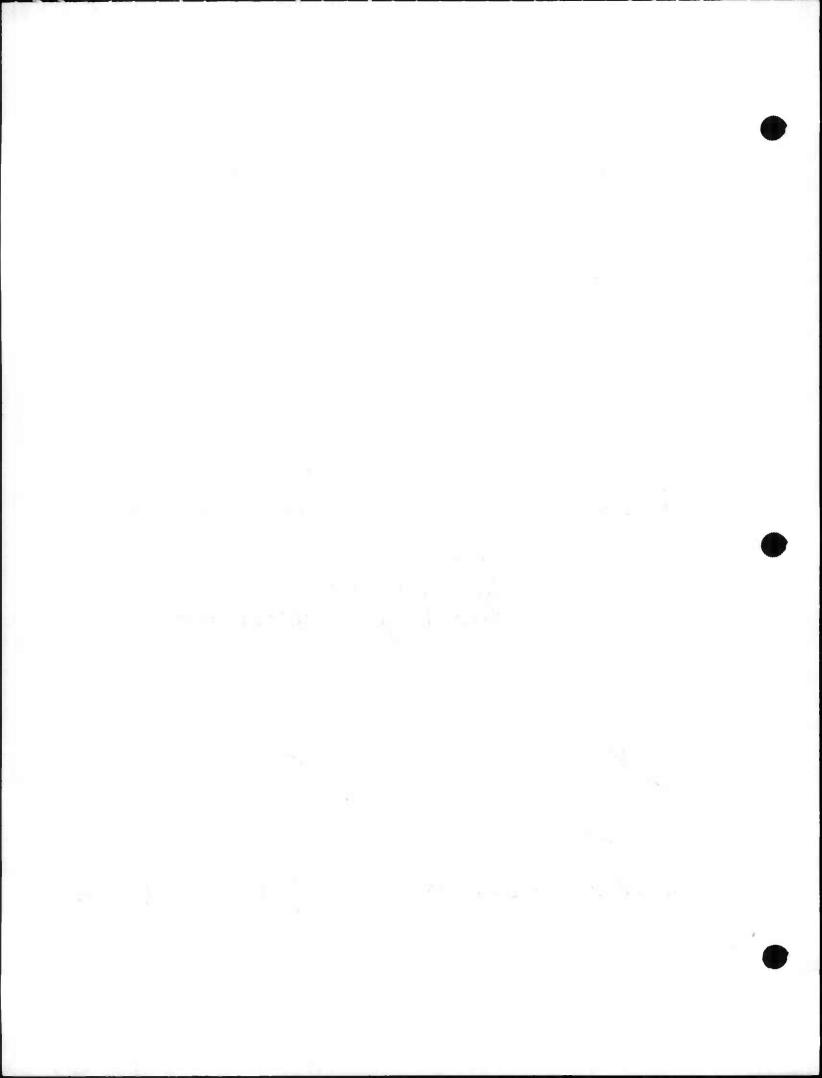
TO THE FILMENEL OFFICENDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First	, Middle, Last)				IOAI		DEA		2. DATE OF DEA	INO.		3. TIME OF DEATH
	Ann	Viola	a Kno	x						June 7,	DAY	YEAR	11:00 P M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	Н	S. BIRT	THPLACE (State or Foreign
	577-03-0414	+	1 🗆 M 2 💢 F	83	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye 11-29-	er)	Cour	ntry) rginia
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
OR	7401 Brooklyn Bridge Road Laurel Prince George								George				
RESIDENCE OF DECEDENT													
E								TION					10d. INSIDE CITY LIMITS?
								1 - YES 2 X NO					
RA	7/01 Procelation Parist P. 1												
NE NE	11. MARITAL STATUS	yn br.	12. WAS DECEDEN		101100	1		207	0,				States
	1 Never Married 2	Married	FORCES? 1	YES 2	A-IMED ANO	13.	If yes, sp	ecity Cuba	of HISPAN In, Maxicar	IC ORIGIN? (Speci n, Puarto Rican, etc.	y Yea or No :.)	Bla	CE American Indian, ick, White, etc.
BY	3 Widowed 4 🗆 Divo	becon	IF YES, GIVE V	WAR OR DATES			1 U YES	2 (XNO	Specify				White
COMPLETED	15. DEC	EDENT'S EDU	CATION	18a.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND O	F BUSINES:		WILL CO.
	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done	auring mo	ost of working	10				
MP	7		0		Owner-	-Opei	ato	r		Prin	ting		
8	17. FATHER'S NAME (First, M	1.5						18. MOT	HER'S NAM	ME (First, Middle, M.	aiden Sumai	me)	
H	James A. Ha		1							Mae All			
2	19a. INFORMANT'S NAME (1									loute Number, City o			
	Eloise Spri		1						dge	Road, L			
	1X Burial 2 Crematic	n 3 🗆 Rem	oval from State	cemetery.	crematory or c	OF DISPOS	SITION (Ne	ame of		1		N — City or	1.50
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSE	-	Fort I			Cemet			rentw	rood,	Maryland
Н	10	115	1		1	12.				1 Home	Inc.		
Ш	X	77	11	1/20			760	l Sar	ndy S	pring R	oad.	Laure	1 MD 20707
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Dut TO (OR AS A CONSEQUENCE OF)								Approximate interval Between Onset and Death				
빙		•	d										
DICAL	PART II. Other significa	nt condition	s contributing to	death but no	t resulting	in the ur	nderlying	g couse g	given in I	Part I. 24a. WA	S AN AUTO		Bb. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8										1 _ YE	S 2 NO	0	COMPLETION OF CAUSE OF DEATH?
ME										_			1 Tes 2 No
AN	25. WAS CASE REFERRED TO												
S	EXAMINER?	MEDICAL	HOSPITAL:	33025-00-		OTHE	R:			ck only one)			
PHYSICIAN	1 YES 2 TANO 27. MANNER OF DEATH		1 ☐ Inpatient 2 ☐		3 LI DOA		2Sc. tNJ		sidence (Other (Specify			
	1 Natural 5	Pending	(Month, D.			JURY M	WO	PRK?	NO.	28d. OEŞCRIBE H	OW INJURY	OCCUREO	
ВУ	2 Cutatta —	Investigation Could not be	28a. PLACE O	F INJURY — At	home, farm,	atreet, fact			, 110	28f. LOCATION (S	met and Nu	mber or Rural	Pouts Number
딢		determined	building,	atc. (Specify)						City or Town,	itate)		
1 1 1	29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowledge.	death occurr	ed at the t	ime deta	and place	and due t	to the course(s) and		alalad	
COMPLET													(s) and manner as stated.
S I	29b. SIGNATURE AND TITLE								NSE NUM				D (Month, Day, Year)
00	Wither	4 n	lune		Ð			1	13	106	•	6/8	152
유	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (I	TEM 27) (Type	Print)		0		1 1		40	4
	WAU	otr	·en	30	1		ce (007	2	th	124	NI	20707
	31. DATE FILED (Month, Day,	0 1993	32. REGISTRA	AUTASEN	Hande M			0			- 4.20		
	1.111.1	נבבו ח	1	and factors	1								- 1



1 -	STATE REGISTRAR

1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH OF DEAT		REG. NO.	E	7007
1. DECEDENT'S HAME (First, Middle, Last)	VILLIMM					2. DATE OF DEATH	VE 2	3. TIME OF DEATH
	5. SEX 6. AGE (In	YRS. last birthday)	IF UNDER 1 YE MONTHS DA		24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 5 - 13 - 2	3	B. BIRTHPLACE (State or Foreign Country)
214101 1101A	107/Hal Dalningk Baltimore						9c. COU	NTY OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40.00	V TOWAL AND L					
Maryland na			v, town on Lo ltimo:					10d. INSIDE CITY LIMITS?
10a, STREET AND NUMBER		Da.	L C L III O .	101. ZIP CODE			445	1 YES 2 NO
Ashburton N/H	3520 Hilto	on Road	3	IOI. ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?
1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, White Property of the							14. RACE — American Indian, Black, White, etc. Specify: Black	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								DUSTRY
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAM	E (First, Middle, Maiden S	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number (or Rural Ro	ute Number, City or Town	, State, Zic	Code)
20a. METHOD OF DISPOSITION 1	al troom State	PLACE AND DATE O		I (Name of		DATE 20c. LOC	CATION	City or Town, State
21 SIGNATURE OF FURERAL SERVICE LICEN	ISEF /	oval de,Dir	22, NAM	E AND ADDRES	S OF FACI	State	Ana	tomy Board
Journal!	Made	6/7/9:				oreSt, Ba	lto	MD 21201
23 PART I. Enter the diseases, or corehock, or heart failure. Lie	mplications that caused to	the death. Do n	ot enter the	mode of dyir	ng, such	as cardiac or reapir	atory en	
JIMEDIATE CAUSE (Finei disease or condition resulting in death)	Aspira	Hon i	Prem	nowia	,			Interval Between Onset and Death
	Gram	MA a	ive 1	bacta	rem	iA		
Sequentially list conditiona, if any, leading to immediate	DE TO (OR AS A C	ONSEQUENCE OF	7:					
CAUSE (Disease or injury	panc	reann:	5					
that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	ī):					
d								
PART II. Other significent conditions			n the underl	ying ceuse gi	ven in P	art i. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
HIZMIN		1416				1 YES 2	(MO	COMPLETION OF CAUSE OF DEATH?
SCHEOD	nrema					_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	OSPHAL:		OTHER:	. PLACE OF DE				
1 YES 2 NO 1	Inpatient 2 ER/Outpat					Other (Specify)		
Natural 5 Pending	(Month, Day, Year)	26b, TIME INJ	URY	INJURY AT WORK? YES 2		28d. DEŞCRIBE HOW IN	JURY OC	CURED
2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, a	treet, tactory, o	iffica		City or Town, State)	nd Number	or Rural Route Number,
	N: To the best of my knowled							ed. e cause(s) and menner as stated.
290. SIGNATURE AND TITLE OF CHITTPINN	100			29c. LICEN				E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	51	4.00	How	200	1-2-93
31. DATE FILED (Month, Day, Year)	EP) TE/	V M	D	211	101i	קיטוו	DU	NITHE
6-2-9 JBN 101	993	and my	and plates		:	2111		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

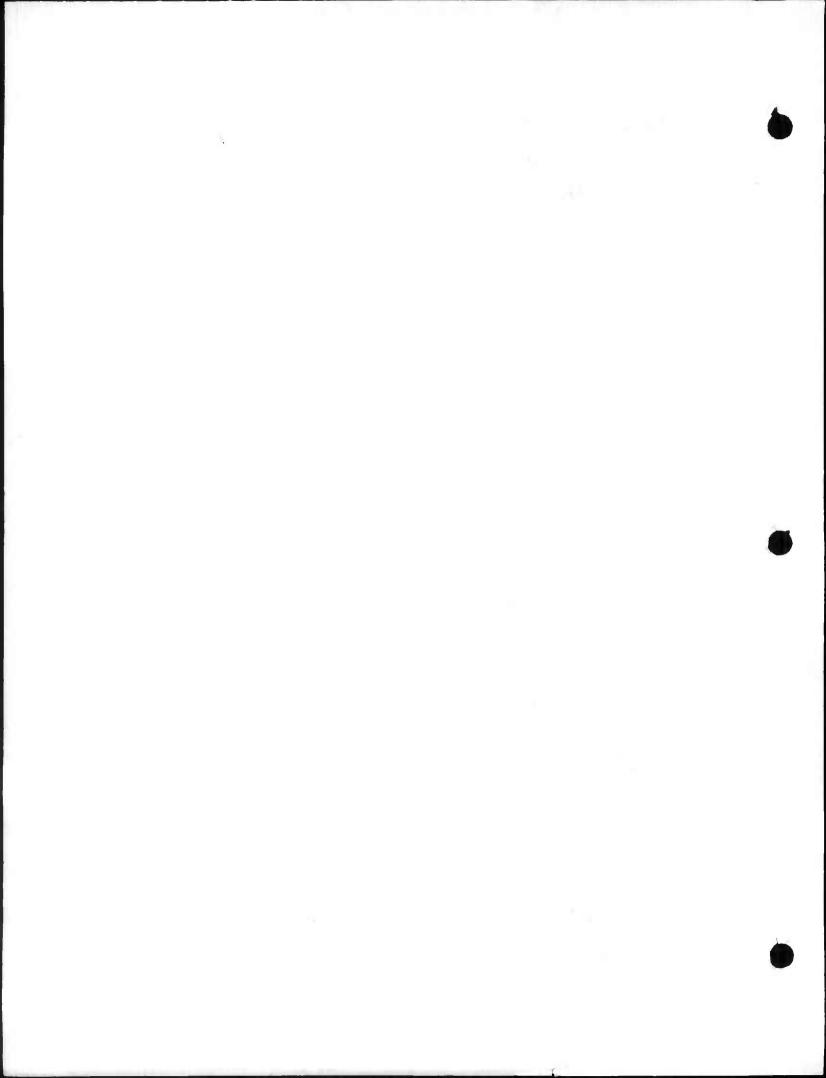
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



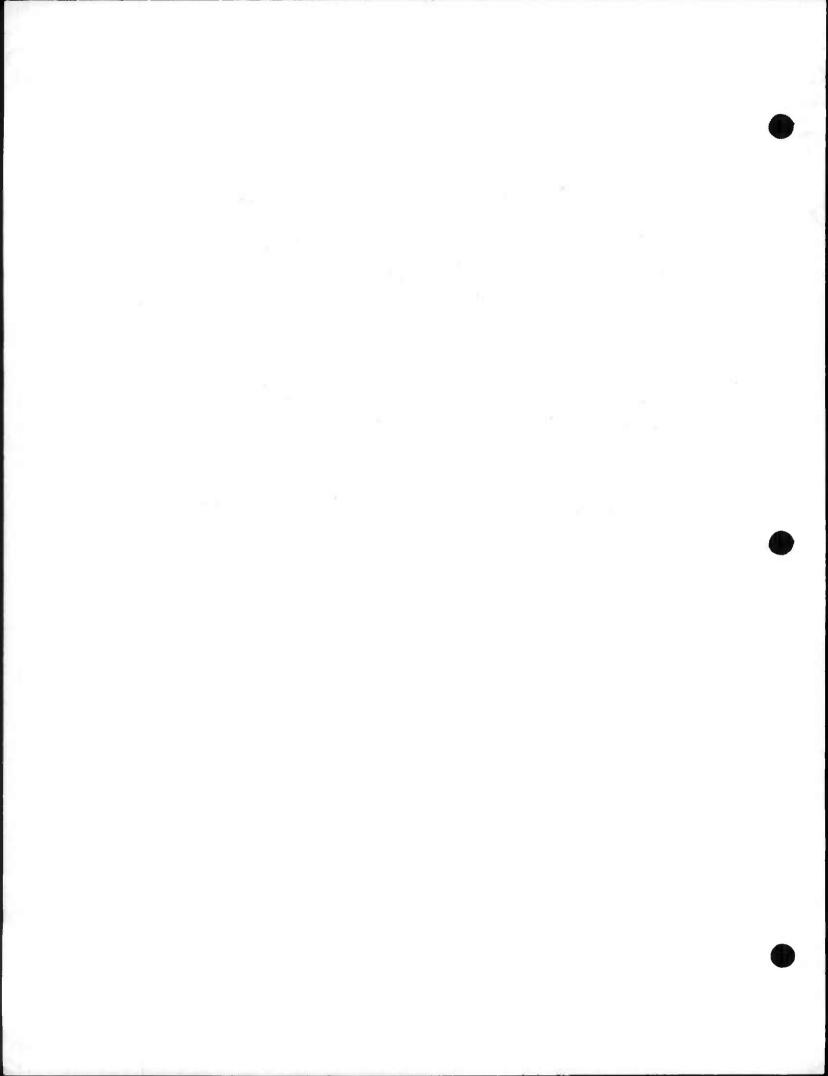
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle hast)	MPS E	ittle	- in	2. DATE OF DEATH	DAY 9 SAR	3. TIME OF DEATH
	248-28-4164	SEX 6. AGE (in yrs. last	YRS. MONTHS D.	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-19/8 a. Birn	THPLACE (State or Foreign
DIRECTOR	Sea to M HILL RESIDENCE OF DECEDENT	Manor I	96. CITY, 16	Ba Hin	NOTE	9c. COUNTY OF	S G
	10e. STATS 10b. COUNTY		10c. CITY, TOWN OR L	3/+1m	1040		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	3600 Fran	KLIM ST. R. WAS DECEDENT, EYER IN U.S. ARIN	apt 8R	101. ZIP CODE	29	U	what country?
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yo	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2 P NO Specif	nn, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc. city:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (Giv	CEDENT'S USUAL OCCU ve kind of work done durin Do NOT use retired.)	ng most of working	16b. KIND OF BU	JSINESS/INOUSTRY	
BE COM	17. FATHER'S FAME (First, Middle, Last)	ittle	VIST PAC		ME (First, Middle, Meide	Sende	2 YM
TOE	Gyace Little	3	GOOFY	reet and Number or Rural	Route Number, City or To	un, State, Zip Code)	2-21276
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal Donation 5 Other (Specify)	cemetery, crem	nd DATE OF DISPOSITION	West Cen	CDATE 20c. LO	CLINGS (Y	Town, Stata
	21. SIGNATURE OF PUNEBLIC SEPRICE LICES	Mauri	22. NA	ACBECUM		10-1206	21217 WY10,648
523	23. PART I. Enter the diseases, or com shock, or heart fellure. List	plications that caused the deat only one cause on each line.	eth. Do not enter the		h as cardlec or resp	piratory erreat,	Approximata interval Between
	immediate cause (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQU	Many Ca	ncos			Onset and Death
NOI	Sequentially list conditions, b. –	DUE TO (OR AS A CONSEO	DENCE OF):				
CERTIFICATION	if any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSECU					
CERI	resulting in death) LAST						
A	PART II. Other algorificant conditions c		eaulting in the under	iying ceuse given in	Part i. 24a, WAS AI PERFO	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC.		Sura	Meny		_	3.5	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			6. PLACE OF DEATH (Ch	eck only one)		
rsic		OSPITAL: inpatient 2 ER/Outpatient 3	OTHER:	Home 5. Realdence			
	27. MANNER OF DEATH 1. Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	INJURY	. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)		YES 2 NO	26f. LOCATION (Street City or Town, State	end Number or Rural	Route Number,
COMPLETED		N: To the best of my knowledge, deat					
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	Maria rep	1	29c, LICENSE NUI			D (Monta, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM		to Rlod	Ratto	418-	2/270
7	31. DATE FILED (Month, Day, Year) JUN 1 1993	12 HEGISTRAR'S SIGNATURE	ndelle	0 0	D	·Lt	and w



must be notified at once.

examiner

medical

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marked, or item 23 shows any injury, or other traumatic event,

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Item 28

BE

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31. DATE FILED (Month, Day, Year)

TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It

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permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	
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HOSPITAL	FUNERAL	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

93 17059 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ATE ONTH EUGENE E YEAR 93 LATTIMORE 5: 20 PM 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 212448910 1 M 2 | F 48 HOURS YRS. 11 26 44 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMARITAN HOSPITAL DIRECTOR BALTMORE BALTIMBRE RESIDENCE OF DECEDENT 10b. COUNTY BATTIMORE 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN-OF WHAT COUNTRY? 21139 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married 19 YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntery/Secondary (0-12) College (1-4 or 5+) OUNCELOR 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mick ATTIMORE. BE MANT'S NAME (Type/Print) 2 1639 200 METHOD OF DISPOSITION
1 S Burlal 2 Cremation 3 C
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION OF FUNERAL SERVICE LICENSEE A. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, abock, or heart failure. List only one cause on each line. Approximate **IMMEDIATE CAUSE (Finel** disease or condition LUNG CA BRAIN META STASIC resulting in death) OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) **EXAMINER?** HOSPITAL:
1. Inpatient 2 - ER/Outpatient 3 - DOA OTHER 1 YES 2 NO 4 🗆 Nurs ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1. Netural BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 | Homicide

Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS 29e. CERTIFIER

(Check only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) RESIDENT HOUSE STAFF 5/30/93 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. WACK & SMANO 5601 LOLARANEN BUD BALTWORE MO 2/239 32. BEGISTRAR'S SIGNATURE Julia Davidson-Randell JUN 1 0 1993 DHMN-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

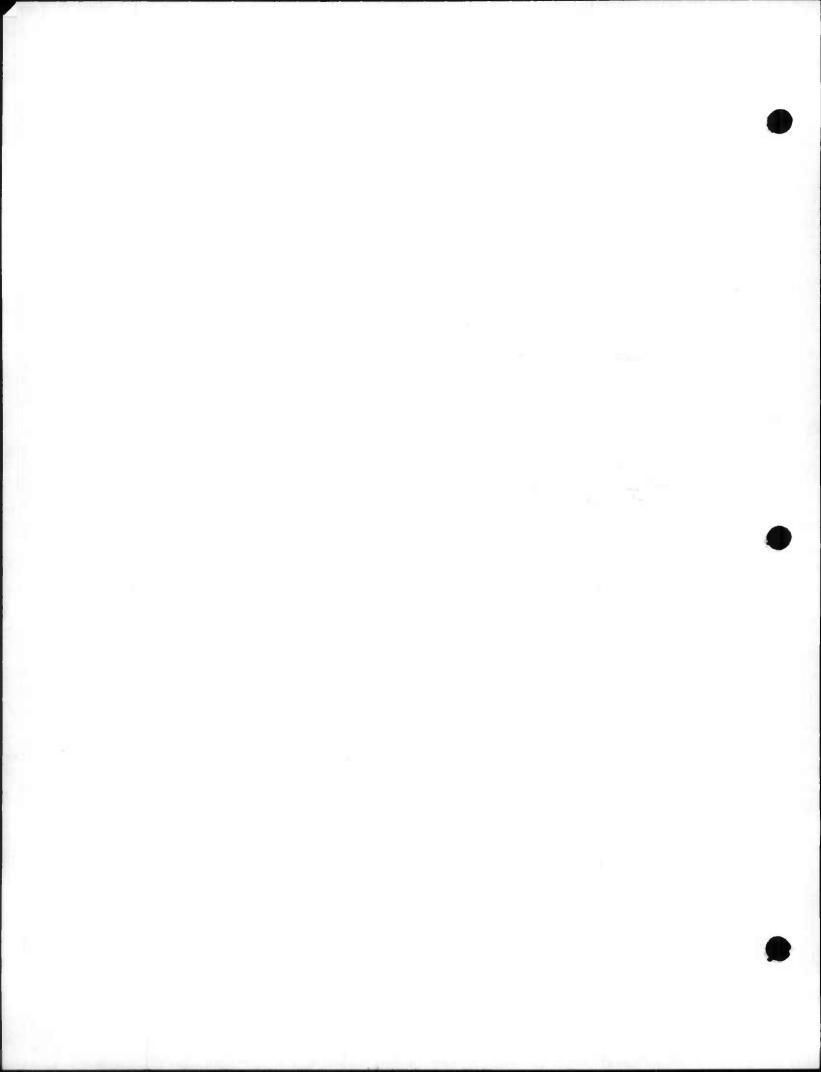
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

					DEATH		G. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last) MOTTIS	David	Lyn				2. DATE OF D MONTH June	9, 199	3 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER NONE	5. SEX 6. / 1 🖵 M 2 🗌 F	AGE (In yrs. lest birthde	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De) 08-2	(Year)	Cou	RTHPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give :	41	39	9h CITY	TOWN O	R LOCATION OF			OUNTY OF	mica
Missionaries of		ft of Hop			Ltimore		30		DEATH
10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN O	R LOCATI	ON				10d. INSIDE CITY
Md			Balti	more	2				LIMITS? 1 📆 YES 2 □ NO
10a. STREET AND NUMBER			20101		ZIP CODE		100.	CITIZEN O	F WHAT COUNTRY?
818 N. Collingt	on Ave				21205				
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. \	MAS DECE		ANIC ORIGIN? (Sp	ecify Yea or No.	14 04	ACE — American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 []	YES 2 NO	- 1	f yes, spe		en, Puerio Ricen		B1	eck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Give kind	T'S USUAL OC			16b. KIN	OF BUSINESS	INDUSTRY	1
Elementary/Secondary (0-12)	College (1-4 or 6+)	Unkno	1						
17. FATHER'S NAME (First, Middle, Last)		7 01.7610			16. MOTHER'S N	AME (First, Middle	, Maiden Surnem	e)	
Hugh Lyn						Dinhdm		,	
19e. INFORMANT'S NAME (Type/Print)	-	19b. MAIL	ING ADDRESS	(Street an		/ Route Number, C	ty or Town, State	Zio Codel	
Sr. Pietra (gift	of hone)					Balti			
20a. METHOD OF DISPOSITION		20b. PLACE AND DA				DATE	20c. LOCATION		
1 Buriet 2 Cremation 3 Rem	noval from State	cemetery, cremetory	or other place)			1			
21. SIGNATURE OF PUNERAL SERVICE LA	CENSEE /	Mt. Carm			D ADDRESS OF F	⊕C⊢TO]	Balti:	more	, Ma.
Ward!	11/1/1/11					er Fune	eral Ho	me	
rancee	wenter					er Stre			
	complications that ca	used the death. D	o not enter						
23. PART I. Enter the diseases, or shock or heart fellure	List only one cause of	on each line	o not onto	tha mod	ie of dylng, su	ch ss cardiac	or reapiratory	srrest,	Approximate
shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceuse of	on each line.						srrest,	Approximats Interval Betw Onset and Dr
shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceuse of	on each line.						srrest,	Interval Betw
shock, or heart fellure. IMMEDIATE CAUSE (Final	s. Respice	on each line.						srrest,	Interval Betw
shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Respice	ton each line. ton fu AS A CONSEQUENCE	ilure E OF):					srrest,	Interval Betw
shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	s. Respice	on each line.	ilure E OF):					srrest,	Interval Betw
shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, teading to immediate cause. Enter UNDERLYING	s. Respice	ton each line. ton fu AS A CONSEQUENCE	ilure E OF):					srrest,	Interval Betw
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Respice oue to con b. DUE TO con c.	ton each line. ton fu AS A CONSEQUENCE	E OF):					srrest,	Interval Betw
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Shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, tesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	S. OUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQU	E OF): E OF): Time of	derlying 26. PLA 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	cause given in	Part I. 24a,	WAS AN AUTOPPERFORMED?	SY 2	Interval Betw Onset and Da Analysis Prince Analysis Prince To Computation of Caus OF DEATH?
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Shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if erry, teeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending Invastigation 3 Suicide 6 Could not be determined	B. DUE TO (OR	AS A CONSEQUENCE AS A CONSEQU	E OF): E OF): E OF): Time OF INJURY M In, street, factor	26. PLA t: sing Home 28c. INJU WOR 1	cause given in ACE OF DEATH (C. 5 G Residence IRY AT IRK? 2 NO	Part I. 24a. 1 Check only one) 8 Other (Spr 26d. DESCRIB	WAS AN AUTOPPERFORMED? YES 2 NO ocity) E HOW INJURY I (Street and Num., State)	OCCURED OCCURED	Interval Betw Onset and Dr Analysis Prince Analysis Prince Analysis Prince Computerion of Caus Of Death? 1 Yes 2 No

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRARIO SIGNATURA PANDELLE
Suna Davidson-Randelle



filled in by the funeral director, page 5 should be detached for ion, or removal.

has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation,

After this certificate death with the State

FUNERAL WITHIN 72 1

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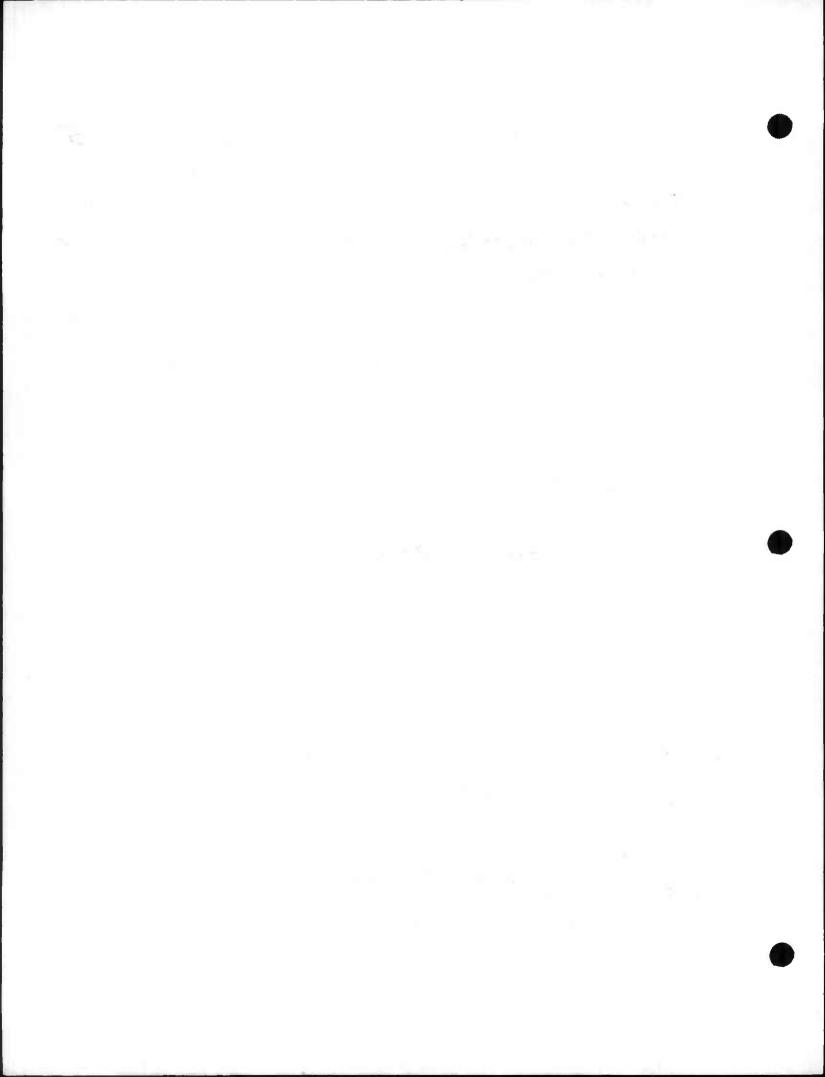
use as the burial-transit permit. Pages 1, 2, 3 should

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Modele 2. DATE OF DEATH 3. TIME OF DEATH P YEAR 93 AMES M 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign Florida 303 264-19-4194 1 M 2 F 66 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR WIE GEORGE'S RESIDENCE O 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mo NINCE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 10g. CITIZEN OF 9206 20708 USA TWIN HILL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cyben, Mexican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1XXNever Merried 2 Married BY 3 Widowed 4 Divorced Peacetime COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work obne during most of working
life. Do NOT use regired.) 16b. KIND OF BUSINESS/INDUSTR (Specify only highest grade of n Elementary/Secondary (0-12) College (1-4 or 5+) n 12 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank F. Lane ā Gertrude H. Goertz BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frank F. Lane 9206 Twin Hill Lane, Laurel, Maryland 20708 pe 20s. METHOD OF DISPOSITION
1 Durisi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Competery Crampatory or other place)
Lvy Hill Cemetery 6/7 Laurel, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd., Laurel, Md. 20707 medical 23. PART I. Enter the diseases, or complications that object the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finel Onset and Daath the disease or condition resulting in death) からしゃっ event. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any Injury, PART II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 XYES 2 NO ltem. 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 Residence 8 - Other (Specify) 4 🗆 Nursii ö 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 8 Could not be hours after of item 28 is 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of exami investigation, in my opinion, death occured at the time, data end placa, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER Destynedical 29d. DATE SIGNED (Month, Day, Year) BE 16-2-93 2 32. REGISTRAR'S SIGNATURE whe Davidson Randoll 0

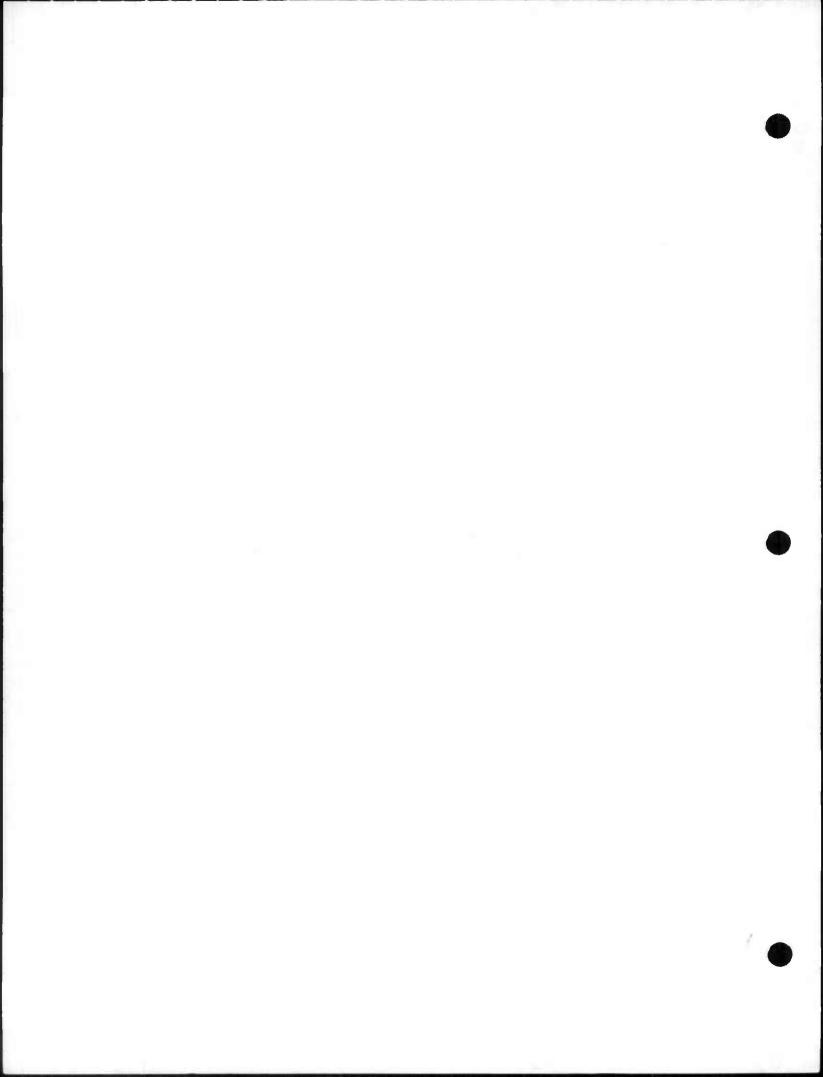


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALT	H AND MEN	TAL HYGIEN	E	17002
	1. DECEDENT'S NAME (First, Middle, Last)				2.0	ATE OF DEATH		3. TIME OF DEATH
	Nora Maria	Beatriz	Levan			ine 4, 19		1:45 A M
	4. SOCIAL SECURITY NUMBER		-		DER 24 HRS. 7. D	ATE OF BIRTH	8. E	HRTHPLACE (State or Foreign
	216-56-7981 9a. FACILITY NAME (If not institution, give str	1 M 3/G F	5 / YRS.	ONTHS DAYS HOUR		Month, Day, Year) -28-35	F	argentina
RO	11 Midway Avenue	odi and namon)		Laurel	ATION OF DEATH		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							
R				TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	Maryland Howar	d	Laur					1 TYES 2 ANO
FUNERAL	11 Midway Avenue			101. ZIP CO			_	of what country? XX Argentina
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT	T OF HISPANIC OF	NGIN? (Specify Yes		RACE — American Indian, Black, White, atc.
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	Z <u>Y X</u> NO DATES	If yes, specify Cu XX YES 2 N	iban, Maxican, Pue IO Specify:	erto Rican, etc.)		Black, White, etc. Specify:
				Argent	tinian		1	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION k done during most of wore tired.)	rking	16b. KIND OF BUS	INESS/INDUST	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				17		
)ME	17. FATHER'S NAME (First, Middle, Last)		Homemake			Home		
		Valverde		18. MC	unknov	rst, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	vaiveide	10h MAN ING AL	DDRESS (Street and Numi				
2	James Levan			vav Avenue		, Maryla		723
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	-			ATION — City	
	1 Burial ZXXCremation 3 Remo	val from State cer	netery, crematory or other	Vashington	Cremato	rv Lau	rel. Ma	arvland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1)	22. NAME AND ADD	RESS OF FACILITY	,	, , ,	
<	1 000	Dubart	1.			Home, In		
	23. PART I. Enter the diseases, or c	DMDIIcetione that ceiuse	d the death. Do not	1 7601 Sa	ndy Spri	ng Road	Laure	1. MD 20707
	ehock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ist only one cause on	A CONSEQUENCE OF):		_	Corona		Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF):					
H	resulting in deeth) LAST							
AL C	PART II. Other algnificent conditions	contributing to death I	out not recuiting in	the underlying ceuse	e given in Part i	. 24s. WAS AN	MITOPSY	24b. WERE AUTOPSY FINDINGS
2		rison las	The state of	, ,		PERFOR	MED3	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	1 Decenter	1:00			·	1 YES 2	NO NO	OF GEATH?
≥ ≥	Commission	return de	202-9-				- 1	1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	and m	near	28. PLACE OF	DEATH (Check on	V one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		THER: Nursing Home 5 3	/			
Ŧ	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJURY AT		DESCRIBE HOW IN	JURY OCCURE	0
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WORK? M 1 TYES 2	□ NO			
ED B	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Spe	/ — At home, larm, stre	et, lactory, office	28t.	LOCATION (Street a	nd Number or Ru	iral Route Number,
ET.	4 Homicide detarmined		J.,			City or Town, State)		
P	29a. CERTIFIER 1 CERTIFYING PHYSIC	NAM: To the best of my know	riedge, death occurred :	at the time, data and pla	ca, and dua to the	cause(a) and man	ner as stated.	
COMPLET								se(a) and manner as stated.
	296. SIGNATURE AND/TITLE OF CERTIFIER	- 11	-		ICENSE NUMBER	. 1		NED (Mogth, Day, Year)
BE C	Bulled W.	mith	nP	n.	2587	6	D 6/	4/93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type, Pri	kory R	dae K	21	, ,	1 21211
	31. DATE FILED (MARITY, DAY, MARI) 1000	32 REDISTRATS SIEM	IATURNO DIC	2017 70.		Col	he bin	MP. 21044
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O. BOX 68760, DIVISION OF VITAL RECORDS, P.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Hilda M. Lannon ÃM 10.00 1493 June A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea B. BIRTNPLACE (State or Foreign 1 M 2 X F DAYS HOURS 1/20/1898 218-28-0007 95 YRS. Maryland 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle 9c. COUNTY OF DEATH Franklin Square Hospital 1, 2, 3 s DIRECTOR Baltimore RESIDENCE OF DECEDENT Pages . 10a, STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Overlea 1 TES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 603 Elmwood Road burial-transit 21206 United States physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 X NO Specify: BY as the l 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY PS6 (Specify only highest grade co for ntary/Secondary (0-12) College (1-4 or 5+) Homemaker be detached 6 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) T Charles J. Huth Carrie Scholl BE 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn L. Powers 603 Elmwood Road Baltimore, Maryland page 9 20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must director, Most Holv Redeemer 6/10/93 Baltimore Maryland 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICI Milton J. Knight Jr the funeral 24 hours after death helto 5305 Harford Road Leonard J. Ruck, Inc. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. nding physician and completely filled in by Hygiene prior to burial, cremation, or remo Approximate Interval Betwe Onset and Death IMMEDIATE CAUSE (Final traumatic event, the disease or condition_ Upper Gastro Intestinal Bleeding resulting in death) executed within CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury attending physician other 1 that initiated events resulting in death) LAST QUE TO (OR AS A CONSEQUENCE OF): 6 signed by the atten Health and Mental H Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 23 shows any Severe Anemia Health a 1 - YES 2 NO Congestive Heart Failure 1 YES 2 NO been i PHYSICIAN: HESPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. STANT: If Item 28 is marked, or Item 23 stanT: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Appetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 4 - Nursing He 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

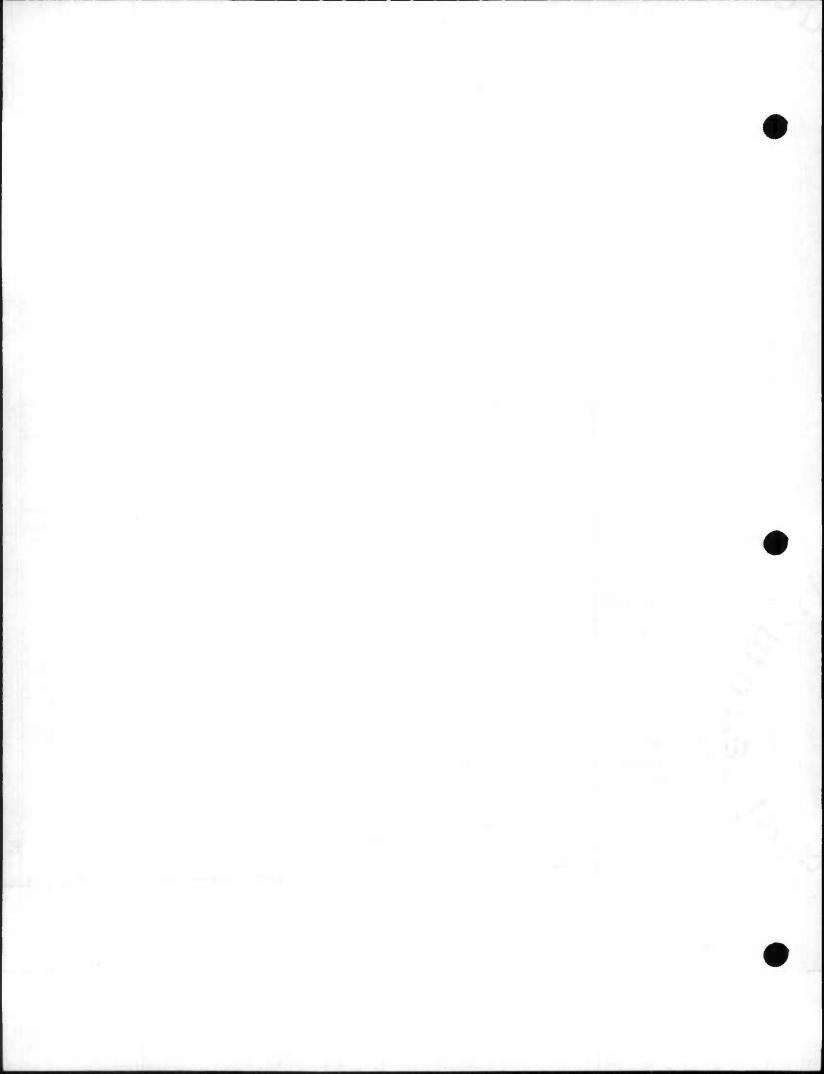
One)

Letter and the control of t MPORTANT: If 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and ma 296. SIGNATURE AND TITLE OF CERTIFIER amine all 29c. LICENSE NUMBER 里里是 7005 8 6 222 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOPAL 60 ROSWA-M 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Julia Devidson Randelle

0 1993



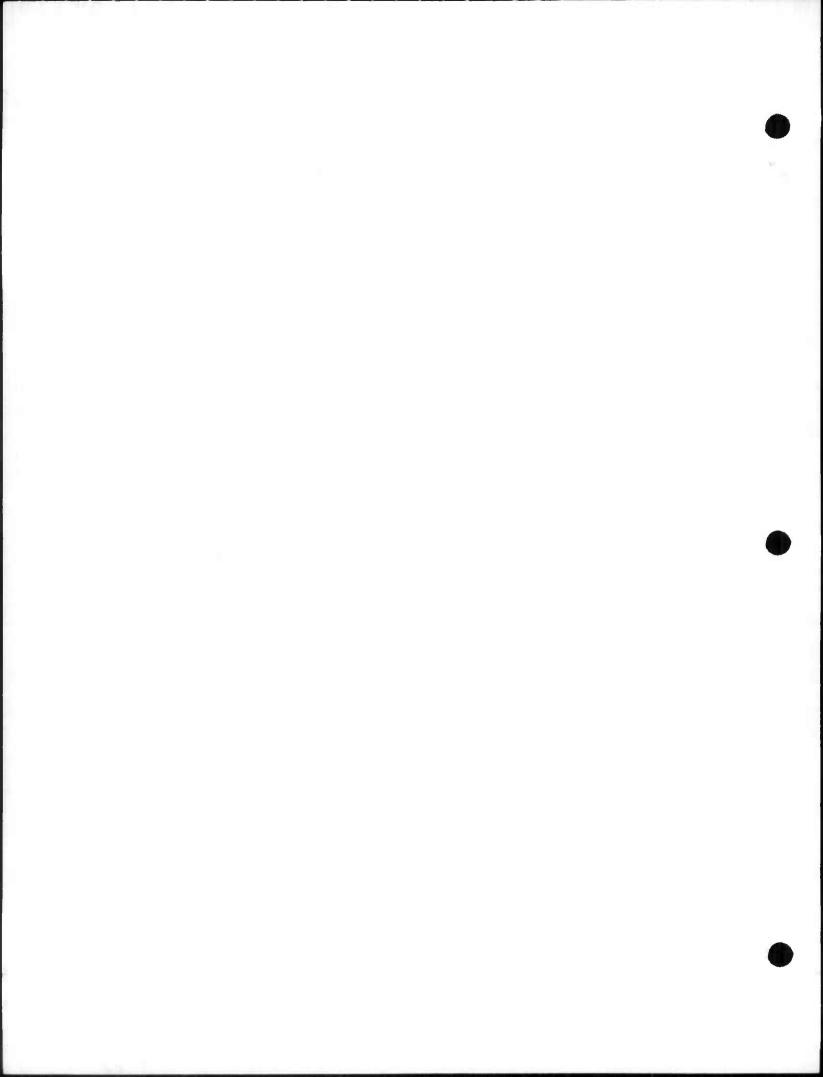
	1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPARTM ERTIFIC	IENT OF ATE O	HEALTH AND F DEATH	MENTAL HYGI REG. I			
100		n R. Murphy					2. DATE OF DEATH	7	YEAR 93	3. TIME OF DEATH 13:00
	4. SOCIAL SECURITY NUMBER 188 20 1330	1 🔯 M 2 🗆 F	(In yrs. les	YRS. MO	THE DAY	HOURS MIN.	(Month, Day, Year 1/5/27	7	P	enna
TOR	9a. FACILITY NAME (If not institution, give St Agnes Hos RESIDENCE OF DECEDENT	- Versey Mari		96		n or Location of		9c. CO	na na	DEATH
DIRECTOR	10a. STATE 10b. COUN			10c. CITY, TO		CATION	eighte			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 6103 Medora	Rd/				10f. ZIP CODE 2109		10g. CI		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR I YES Navy	DATES	MED NO WII	If yes,	ECENDENT OF HISF specify Cuben, Max ES 2 NO Spe	PANIC ORIGIN? (Specify Ican, Puerto Rican, etc.)	Yes or No-	14. RAC Blac	E — American Indian, ik, White, atc.
LETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	UCATION	16a. DE (G life	CEDENT'S USU ive kind of work . Do NOT use re	done during lired.)	most of working	16b. KIND OF	BUSINESS/IN		9
COMPL	12+ 17. FATHER'S NAME (First, Middle, Last)	4+	E]	ectri	cal	10,000	PY NAME (First, Middle, Mail	len Surname)		
TO BE	Samuel Bracl 19a. INFORMANT'S NAME (Type/Print) Martha Jane M						al Route Number, City or		ip Code)	s,MD 2109
	20e. METHOD OF DISPOSITION 1	20	b. PLACE	AND DATE OF D	SPOSITION			LOCATION -		
	21. SIGNATURE OF JUNERAL SERVICE I	JCENSER Onald W					FACILITY Stat noreSt, Ba			-
	23. PART I. Enter the disease, or abook, or heart failure MMEDIATE CAUSE (Final disease or condition resulting in death)	a	aach IIna		antar tha r	node of dying, a	Vend	Applications and applications of the second	reat,	Approximata Interval Between Onset and De
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b					AS	co.S	7	15%
CERTI	resulting in death) LAST	d								
N: MEDICAL	PART II. Other algnificant condition	ona contributing to death	but not r	esulting in ti	na undariy	ing cause given	PER	AN AUTOPSY FORMED? 2 - NO	245	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3		HER:	PLACE OF DEATH (Check only one)			
ву рну	27. MANNEST OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		286. TIME OF	28c. I	NJURY AT WORK? YES 2 NO	28d, DESCRIBE HO	W INJURY OC	CURED	
ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At he	me, ferm, stree	t, factory, of	Tics	281. LOCATION (Stee City or Town, St.	er and Numbe	er or fluns!	Route Mumber;
COMPLE		SICIAN: To the best of my know								s) and manner as stated
BE	250. SIGNATURE AND TITLE OF CERTIFI	1	2	1		29g-LICENSE N			-	(Month, Day, War)
٩	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE OF DE	EATH (ITE	# 27) (Type, Pro-	0		, -	1 /	. /	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE INVESTIGNS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	VIDNO 72 NOUTS after death with the State Dept. Of Health and Mental Hygnene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPIT	TO THE FUNERA	be filed within /	MPORTANT: 1

TA								(33	1706	-
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT OF H	IEAUTH AND DEATH	MENTAL HYGIEN	E		1700	J
- 5	1. DECEDENT'S NAME (First, Middle, L	est)					2. DATE OF DEATH			3. TIME OF DEATH	
	Richa	rd		M	urphy		05 23	19	93	4:53 A	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year)		8. BIRTH	PLACE (State or Foreig	n
		1 🔀 M 2 🗀 F	68	YRS.	MONTHS DAYS	HOURS MIN.	5-28-19:	24	Countr	7)	
	9e. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COU	NTY OF D	EATH	
OH	Thames & Bo	nd Stree	ts		Baltin	ore Ci	tv				
DIRECTO	RESIDENCE OF DECEDENT										
H	The state of the s				Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?	
_	Maryland	na			altimor					1 YES 2 NO)
ERAL	10e. STREET AND NUMBER				1 Ave 10			10g. CIT	IZEN OF W	HAT COUNTRY?	
	no fixed add				Missio	n					
LON N	11. MARITAL STATUS 1 Never Married 2 Merried		YES 2 N		13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			2 NO Spec			Specif		
ED	15. DECEDENT'S (Specify only highest of				USUAL OCCUPATION		16b, KIND OF BU	SINESS/INC	DUSTRY		
ш	Elementary/Secondary (0-12)	Coflege (1-4 or 5	Ma	Do NOT u	se retired.)	at or working					
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maiden	Surneme)			
BE											
2	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Street e	nd Number or Rura	I Route Number, City or Tow	n, State, Zip	Code)		
									_		
	20e. METHOD OF DISPOSITION 1	in state	remova.		OF DISPOSITION (Na other place)	ma ol	OATE 20c. LO	CATION —	City or To	wn, State	
1	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE Rona	ld Wade	,Di	Y 22. NAME A	D ADDRESS OF F	ACILITY State	a An	aton	ny Board	
	Janoby 16	1 pelle	6/9/19				noreSt,Ba	Lto,	MD 2		
	23. PART i. Enter the diseases,	or complications the	t coused the da	ath. Do r	not entar the mo	da of dying, su	ch as cardlec or reepi	ratory an	rest,	Approximsta	

Interval Between IMMEDIATE CAUSE (Final Onset and Desth disesse or condition_ · ATHOROSCIONOFIE CAMPIONASCULAR DISEBE resulting in death) complign TED PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditione contributing to dasth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 yes 2 - NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 NO ng Home 5 ☐ Residence 8X Other (Specify) Harbor 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation BY UNKNOWN 1 YES 2 NO SUBJECT DROWN UNKNOWN 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide THAMES AND BOND STS. RIVER 29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) and manner es stated. 2 💢 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Me O.C.M.E 05/21/1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YAMARA LOD KPRETURA 11 Penn Street, Baltimore, Maryland JUN 1 0 1993 31/REGISTINAS SIGNATURE



the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 be retained by Page 6 may death.

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Pages 1, 2, 3

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

executed with death certificate be that the AR! The OR ATTENDING PHYSICIAN: HOSPITAL

use as the burial-transit be detached for once. notified at page 5 should must be director, medical examiner funeral filled in by the fi cremation. the completely traumatic event, to burial, and attending physician phor other Injury, or by the atter shows any Signed Health Jo peen certificate has be h the State Dept. 23 Hem 10 this c marked. After 1 death FUNERAL DIRECTOR: Aft within 72 hours after des TO THE FUNERA be filed within 72 IMPORTANT: IS 포

CERTIFICATION

MEDICAL

ICIAN:

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31. DATE FILED (Mo

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) James Mayhugh DATE MONTH Danie 2. DATE OF DEATH 3. TIME OF DEATH YEAR las huc, 9 55 James 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. J IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 € M 2 | F 510-36-0380 April 29 938 Missouri 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5 Alder Drive Apt B Middle River Baltimore 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland 1 YES 2 X NO Baltimore Middle River 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE U. 5 Alder Drive Apt 21220 S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced 1960 1963 White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Flight Instructor Flight School 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname, Ellen A. Mayhugh Mattie Singleton Marion 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tonda Mayhugh 5921 Waller Rd. Tacoma. Washington 98443 20s. METHOD OF OISPOSITION
149 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) McCullough Cemetery Triplett. Missouri 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Avenue Essex. Maryland 21221 23. PART I. Enter the diseases, or complications that a death. Do not anter the mode of dying, auch ea cerdlec or reepiratory arrest, Approximete interval Between ahock, or heart fellure. Liet only one ceums Onset and Death IMMEDIATE CAUSE (Finei disease or condition DUE TO (OR AS A CONSCOUENCE OF): resulting in death) Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to daeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE abete 1 | YES 2 | 10 OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF OEATH (Check only one) EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Healdence 6 - Other (Specify) 4 🗆 Nu 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) 76 32 8 -100 6 9 STONE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D BALTO AVE MD ROSSAN 2112 2/212 DUN DALK MAVONOU

32. AEGISTRAR'S SIGNATURE

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE			OF DE		MEN	TAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	Audne	y U. Ac	Sha	no				ATE OF DEATH DATE DE	2 18	EAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1		DER 24 HRS.	7. D/	TE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
	2/2-30-6493 9a. FACILITY NAME (If not institution, give st	1 M 2 XF	62	YRS.		DAYS HOUF			-8-193			yland
OR	Good Samanitar		tal			own on loc t <i>imo n</i>		EATH		9c. COUNTY	OF DEA	тн
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR							Dd. INSIDE CITY
P. C	Md.					ltimo	re				- 1	LIMITS? X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 4208 Berger A	100				101. ZIP C	ODE 1206				S. A	AT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	MED	13. WA	S DECENDEN	T OF HISPA	NIC OR	IGIN? (Specify Yes			- American Indian, White, atc.
BY	1 Never Married 2 XMarried 3 Wildowed 4 Divorced	IF YES, GIVE W	☐ YES 2 2 NO MR OR DATES	0	H y	es, specify C	uban, Mexic	en, Pue	rto Rican, etc.)		Black, \ Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gh	CEDENT'S	USUAL OCC	UPATION ing most of wo	orking		16b. KIND OF BUS	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	/ 44		aken				H	ome		
	17. FATHER'S NAME (First, Middle, Lest)					18. M			st, Middle, Maiden			
8	German Wm. Bow	en	196	MAILING	ADDRESS /	Demot and Mus	Lil	Lie	an 11 Si lumber, City or Tow	heppa	nd	
2	Miss Susan M. M	cShane	190						Balto.			06
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	wal from State	20b. PLACE AI cemetery, cren	NDDATE	OF DISPOSITI	ON (Name of		0	ATE 20c. LO	CATION — City	or Town	, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1/1t. V	Lew	Leme 22. NA	etery ME AND ADD	RESS OF FA	6/ cµī;y	//0 B	alto.	Mid	, ,
	Jody D.	Smith			75	antle 527 H	y Mi anko	LLe	er tune Rd. Be	eral 1 alto.	Home , Md	e 2/234
	23. PAHT Li Enter the diseases, or compock, or heart failure. I	omplications that liet only one ceu-	caused the das se on each lina.	ith. Do r	not enter th	a moda of	dying, suc	h as c	ardiec or reapi	ratory arrest	,	Approximata interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	A	uptro.	oho	CK							Onset and Death
_		DUE TO	CORIAS A CONSECU	O CA	F):	Mosu	25					
TIOI	Sequentially list conditions, if any, leading to immediata	DUE TO	OR AS A CONSECU	UENCE O	FI: TC	Mosu ct	10/					
FIC	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEG	UKNCE OI) (A	CT	1714	M	~			
CERTIFICATION	resulting in death) LAST	l										
CALC	PART II Other significent conditions	contributing to	death but not re	suiting	In the unde	erlying caus		Part I	. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
-	PE SIR FILL	01 aun	d	- /	mor	O	0		1 TYES 2	1	C	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MED	MULTIPLY TIA	1									1	TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE DI	F DEATH (Ch	eck only	y one)			
14SI	1 YES 2 NO 27. MANNER OF DEATH	Inpatient 2 28e. DATE OF		DOA 28b. TIM	4 - Nursing	g Home 5 🗆			ther (Specify)			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Da		INJ	URY	WORK?		230.1	DEŞCRIBE HOW II	AJURY OCCUR	ED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF building, of	INJURY — At hometc. (Specify)	10, farm, s	street, lactory	, office		261. L	OCATION (Street a City or Town, State)	nd Number or F	Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	JAN: To the beat of	my knowledge, dear	th occurr	ed at the time	, data and pla	ca, and due	to the	Cause(a) and man	ner ee steteri		
OM	one) 2 MEDICAL EXAMINER										IUSO(S) 21	nd manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	House	ishaft		***	29c. L	ICENSE NU	MBER		29d. DATE \$1	SI O	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS		27) (Typo,		2001	20	- N	OSAK	1	+	~
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 1 0 1993 June Davidson-Randere											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perr be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND M	MENTAL HYGIEN	IE	7000
	1. DECEDENT'S NAME (First, Middle, Lest)	\wedge				2. DATE OF DEATH		3. TIME OF DEATH
	Georgia	R.	Ň	Mills	1	06 0	4 1993	
		. SEX 6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A RIS	TTHPLACE (State or Foreign
	1	□ m 2X□ r 84	YRS.	HONTHS DAYS	HOURS MIN.	1773719	09 No	th Carolin
	9s. FACILITY NAME (If not institution, give street	and number)		OF CITY TOWAL O	OR LOCATION OF DEA			
œ							9c. COUNTY OF	FDEATH
5	Libert Medical	Center		Balti	Lmore Ci	Lty		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, IHSIDE CITY
뜽	MD.			Balti	more			LIMITS?
	10e. STREET AND NUMBER			101	ZIP CODE		TAGE CITIZEN O	F WHAT COUNTRY?
3	2311 Edgemont A							
FUNERAL		A VENUE 2. WAS DECEDENT EVER IN U.S	C ADMED	40 1170 050	21217		Usa	
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	if yes, spi	ecity Cuban, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	n or No — 14. R/	ACE — American Indian, ack, White, atc.
BY	3 Wildowed 4 □ Divorced	IF YES, GIVE WAR OR DATES	8	1 TYES	2 Specify:		Sp	Moore o
	15. DECEDENT'S EDUCATI	ION 16	a. OECEDENT'S II	SUAL OCCUPATION	NM .	165 KIND OF BU	SINESS/INDUSTRY	Negro
<u> </u>	(Specify only highest grade con	npleted)		rk done durina mo:		166. KIND OF BU	SINESS/INDUSTRI	
2	Elevironiary/Securioary (0-12)	College (1-4 or 5+)	Home	emaker				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				40 4007115710 11444	IE (First, Middle, Malden		
	1							
띪	19a. INFORMANT'S NAME (Type/Print)		401. 114.11 114.			Ray-Roge		
임						oute Number, City or Tow	n, State, Zip Code)	
	Carolyn B. Phill 200. METHOD OF DISPOSITION				riew Rd,			207
	Burial 2 Cremation 3 Removal		ACE AND DATE OF y, cremetory or oth	DISPOSITION (Ne	me of	OATE 20c. LO	CATION — City or	Town, Stata
	4 Dogstion 5 Other (Specify)	Wo	odlawr			0/93 Ba	Lto, Co	MD.
	21. SERVICE LICENS	V Division	1		D ADDRESS OF FACI			
	* Design	L. Kush		Josep	n L. Ku	h Ave. I	ral Hon	MD. 21216
	23. PART I. Enter the diseasea, or com- ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	pplicetions thet caused the coning one cause on each Hypertensi OUE TO (OR AS A CO	une. ve Art	t enter the mod	de of dyling, auch	aa cardlec or resp	Iratory arrest,	Approximete Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO						
	resulting in desth) LAST							
- 11	PART II. Other algnificent conditions co	ontribution to death but	not mondature to	46.00				
ᇫ	THE STATE OF THE CONTROLLE CO.	successful but I	or remuting in	the underlying	ceuse given in P	art I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
١						1 _ YES 2	- ZNO	COMPLETION OF CAUSE OF DEATH?
Ž						_ _		1 _ YES 2 _ NO
ÿ						Ind	uiry	
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OCDITAL			ACE OF DEATH (Chec	k only one)		
Š	1 XYES 2 NO	OSPITAL: y ☐ Inpatient 2 ER/Outpatien	nt 3 🗆 DOA	OTHER:	5 🗆 Residence 8	Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJL		28d. DESCRIBE HOW I	NJURY OCCURED	
<u> </u>	1 Netural 5 Pending 2 Accident Investigation	(, 2.5), 15.5)			ES 2 NO			i
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - A	At home, ferm, atr	eet, factory, office		28f. LOCATION (Street i	and Number or Rura	I Route Number,
	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
ן ב	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge	e death accumul	at the time date	and place and division			
COMPLETED	(Check only one) 22 MEDICAL EXAMINER: 0	on the basic of axamination and	d/or investigation	in my opinion 4	with occurred at the at	me date and class	iner ee stated.	(a) and marrow
	29b. SIGNATURE AND TITLE OF CERTIFIER			spiritori, de				
ᇤ	SHE SHURALDING AND TITLE OF CENTIFIER	- 6			29c. LICENSE NUMB			EO (Month, Day, Year)
2	W Y W				0.C.	M.E.	▶ 06,	/05/1993
	36. NAME AND ADDRESS OF PERSON WHO CO							
	1 Amonxe			Stree	et, Balt	imore,	Maryla	nd 21201
2	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE Lago					

Jacaph S. Kuse

Joseph L. Russ Funeral Home 2222 W. North Ave. Balto, MD. 21216 1

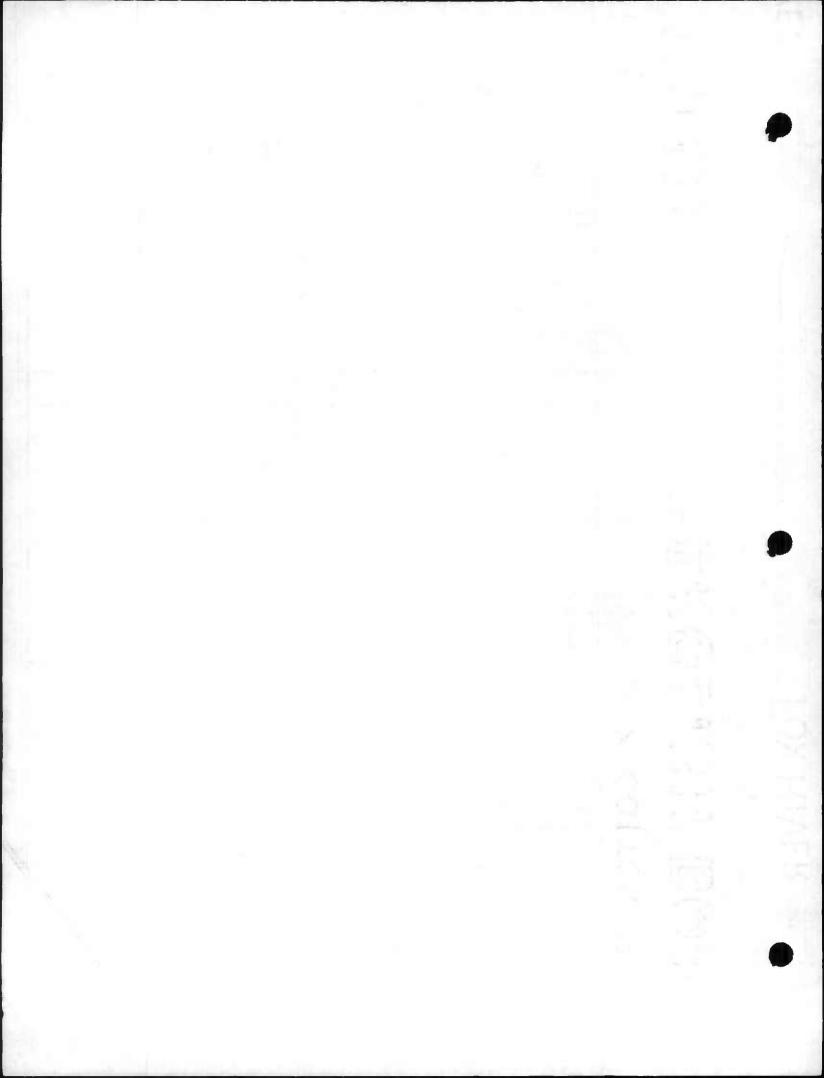
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Peterkins 07 Malachia 06 1015PM 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Dily, Year)
11/9/22 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F 70 wake co ral, NC Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR V.A. HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY CITY MD. BALTIMORE 1X YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3730 MANCHESTER AVE BALTO, MD. 21215 by the funeral director, page 5 should be detached for use as the burial-transit removal. USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WITH OR DATES 2 NO 1 Never Married 2 Married B 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CHEMICAL SUPERVISION CHEMICAL PLANT 12th RETIRED be notified at once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Sumame) ROOSEVETT PETERKINS ROSIE LEE JONES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BLANCHE PETERKINS 3730 MANCHESTER AVE. BALTO, MD. 21215 20e. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place)
GARRISON FOREST 20c. LOCATION — City or Town, State DATE must FOREST CEM.6/11 OWINGSMILLS, examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 108 W. NORTH AVE. UNITY FUNERAL HOME BALTO, MD. Walters 21201 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, filled in by **Approximate** shock, or heart failure. List only one cause on each ilne. Interval Between 5 Onset and Death **IMMEDIATE CAUSE (Final** and completely filled burial, cremation, the state disease or condition Severe Hypercalcomic reaulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF Lung Can executed with bone metastasis cancer CERTIFICATION and Sequentially list conditions, Hygiene prior to if any, laeding to immediate cause. Enter UNDERLYING attending physician Dehydration
Due to (or as a consequence of): CAUSE (Disease or injury that initiated events resulting in death) LAST sen signed by the atter of Health and Mental Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAJLABLE PRIOR TO COMPLETION OF CAUSE that shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO peen PHYSICIAN: Dept. ATTENDING PHYSICIAN: The law has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH State certificate HOSPITAL: OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) tlant 2 - ER/Outpatient 3 - DOA marked, or the 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 26b. TIME OF With this 1 Natural 5 Pending Investigation 1 YES 2 NO BY death After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) IMPORTANT: If Item 28 is 6 Could not be detarmined COMPLETED L DIRECTOR: / 4 Homicide 8 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL E HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE THE P BE MROS27 6-7-93 lamine 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Devidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
increment of the country of the coun

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	NO / OEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEI		0 17070
	1. DECEDENT'S NAME (First, Middle, Last) M.	ary Phillips				2. DATE OF DEATH MONTH	DAY 93 Y	3. TIME OF DEATH 735 pm M
	151-03-5313 A	1 DM 2 OF 78		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-17-15		BIRTHPLACE (State or Foreign Country) Lew Jersey
TOR	9a. FACILITY NAME (If not institution, give street of the order of the	ursing fom		Laure	M D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY New Jersey Ocean			own or Locat		Toms Rive	•	10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
	10s. STREET AND NUMBER		<u> </u>	101.	ZIP CODE	112.0		N OF WHAT COUNTRY?
FUNERAL	5 Prince Charles Di	2. WAS DECEDENT EVER IN (J.S. ARMED		8757 ENDENT OF HISPAI	HC ORIGIN? (Specify Yo	USA 14 or No.— 14	. RACE — American Indian,
BY	1 Never Married 2 XX Married 3 Widowed 4 Divorced	FORCES? 1 YES	2∕\ZNO	If yes, spe	cify_Cuben, Mexica	n, Puerto Rican, etc.)		Black, White, etc. Specify: hite
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	6a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mos	N st of working	16b. KIND OF BI	ISINESS/INDUS	TRY
MPL	12	College (1-4 or 5+)	Selp E	mployed	i	Musi	lc	
	17. FATHER'S NAME (First, Middle, Last) Anthony B	runo			18. MOTHER'S NA	ME (First, Middle, Maide	12	
) BE	19a. INFORMANT'S NAME (Type/Print)	7 0(-1-	19b. MAILING AL	DRESS (Street ar		GE GO	wn, State, Zip Co	
5	Samuel Phillips		1			ve Toms F		
	20e. METHOD OF DISPOSITION XX Burlel 2 □ Cremetion 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State 20b. P	LACE AND DATE OF 1 ary, crematory or other Joseph	placa)	me of			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	100)	22. NAME AN	D ADORESS OF FA	CILITY		er, N.J.
	- Walall	Xillago	4			Home, Inc		1. MD 20707
	23. PART I. Enfer the diseases, or cor shock, or heart failure. Lis	mplications that caused to	he desth. Do not	enter tha mod	de of dylng, auc	h aa cardisc or resp	piratory arrest	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	RENAL FA	ONSEQUENCE OF:					Onset and Death
z		DOE TO (OR AS A C	ONSEQUENCE OF):					
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
AL CE	PART II. Other significant conditions	contributing to death but	not resulting in	tha undariying	cause given in	Part i. 24s, WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA	SEPSIT	NDRIME				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN:								
SIC!		IOSPITAL:	amt 3 DOA 4	THER:	ACE OF DEATH (Ch			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homfolde determined	26a. PLACE OF INJURY building, etc. (Specify	Al home, ferm, stre	et, factory, office		28f. LOCATION (Street City or Town, State	and Number or (Rural Route Number,
BECOMPLETED		N: To the best of my knowled On the basis of examination a						euse(s) and manner as stated.
TO BET	29b. SIGNATURE AND TITLE OF CENTURER	-ha			Da 403	MBER	29d. DATE	Minth, Day, Year)
F	30. NAME AND MORESS OF PERSON WHO C	10 321 1	RINCE G		STREET	LAVAEL	MARY	CAND
	JUN 1 0 1993 Juna Davidson-Aundale							

BALTIMORE, MARYLAND 21215-0020	ed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE LINESTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hosein	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filled within 72 hours after death with the State pent of Health and Mental Huniana noter to hurial communion or named.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

						q ·	3 17071	
FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF		HEALTH AND I	MENTAL HYGIEN REG. NO.	E	3 1/0/1	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	Nellie		Reed		June 6	, 1993	3 4:40pm M	
4. SOCIAL SECURITY NUMBER 217-20-3479	5. SEX 6	AGE (In yrs. lest birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give str	/ / / /	73	9h. CITY, TOW	/N OR LOCATION OF DE	1 16 20		Va.	
Maryland General				timore Cit		Ph. 646	T OF DEATH	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		120 CIX						
Md.		10.1	altimor	`e			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER	_			10f. ZIP COOE			N OF WHAT COUNTRY?	
727 Druid Hill Pk	C. Dr. Ap 1		1 2 700	21217		USA		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 YYNO .	If yes,	DECENDENT OF HISPAN, specify Cuban, Mexical YES 2 YOUNO Specify	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No- 14	s. RACE — American Indian, Black, White, stc. Specify: BL. ACK	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	work done during se retired.)	ITION most of working	16b. KIND OF BUS	INESS/INDUS		
17. FATHER'S NAME (First, Middle, Last)	Bolliesete					Conoma)		
UNkn				Unkn	Wille It it still formation or	Surranne,		
19a. INFORMANT'S NAME (Type/Print) Shirley Garrison	1				Route Number, City or Town	n, State, Zip Co	21217	
20s. METHOD OF OISPOSITION 1 General Donation S General Donation S General Donation Description Descri	wal from State	20b. PLACE AND DATEO pemetery, crematory or of Greenmount	OF DISPOSITION		OATE 20c. LO			
21. SIGNATURE OF SHINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF March F/H			rch F/H Ea	ast 1101	E. No	orth Ave.		
23. PART I. Enter the diseases, or conshock, or heert failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Intraci	ranial hemo	orrhage				interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	tion pneumo	onia n:					
CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE OF	7 :					
PART II. Other aignificent conditions	contributing to dea	th but not resulting in	n tha underly	ing ceuee given in I	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
							I I IES & I INV	
	HOSPITAL: 医数据patient 2 □ ER/		OTHER:	PLACE OF OEATH (Che				
27. MANNER OF DEATH	28s. OATE OF INJU				28d DESCRIBE HOW IN	HARV OCCUE	250	

27. MANNER OF DEATH

1 X Natural 5 Pending Investigation

2 Accident 1 Vest 2 No 28s. DATE OF INJURY 28s. DATE OF INJURY North, Day, Year)

2 Accident 1 Vest 2 No 28s. DATE OF INJURY AT WORK?

1 Ves 2 No 28s. DESCRIBE HOW INJURY OCCUREO

28s. DATE OF INJURY AT WORK?

1 Ves 2 No 28s. DESCRIBE HOW INJURY OCCUREO

28s. DATE OF INJURY AT WORK?

1 Ves 2 No 28s. DESCRIBE HOW INJURY OCCUREO

29s. CERTIFIER
(Check only one)

29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

m - Pagulayan - 44, mp

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

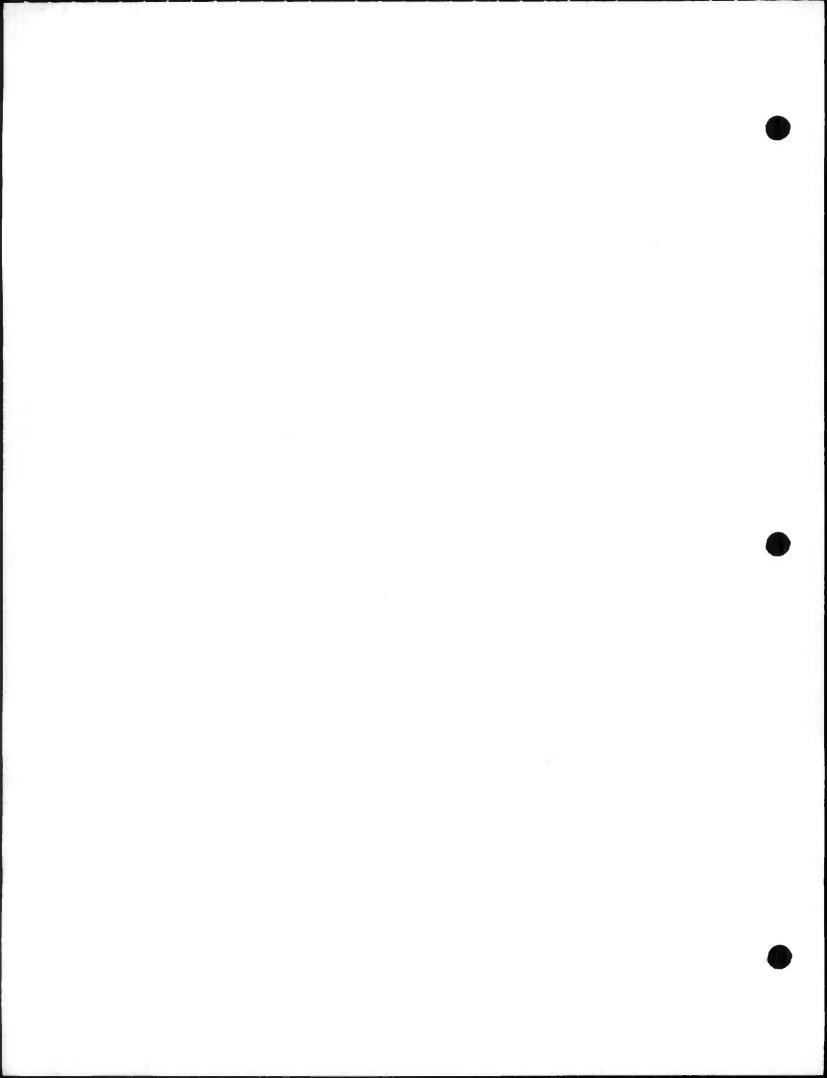
Mary Ann Pagulayan-Sy, M.D. c/

c/o Maryland General Hospital

n/a

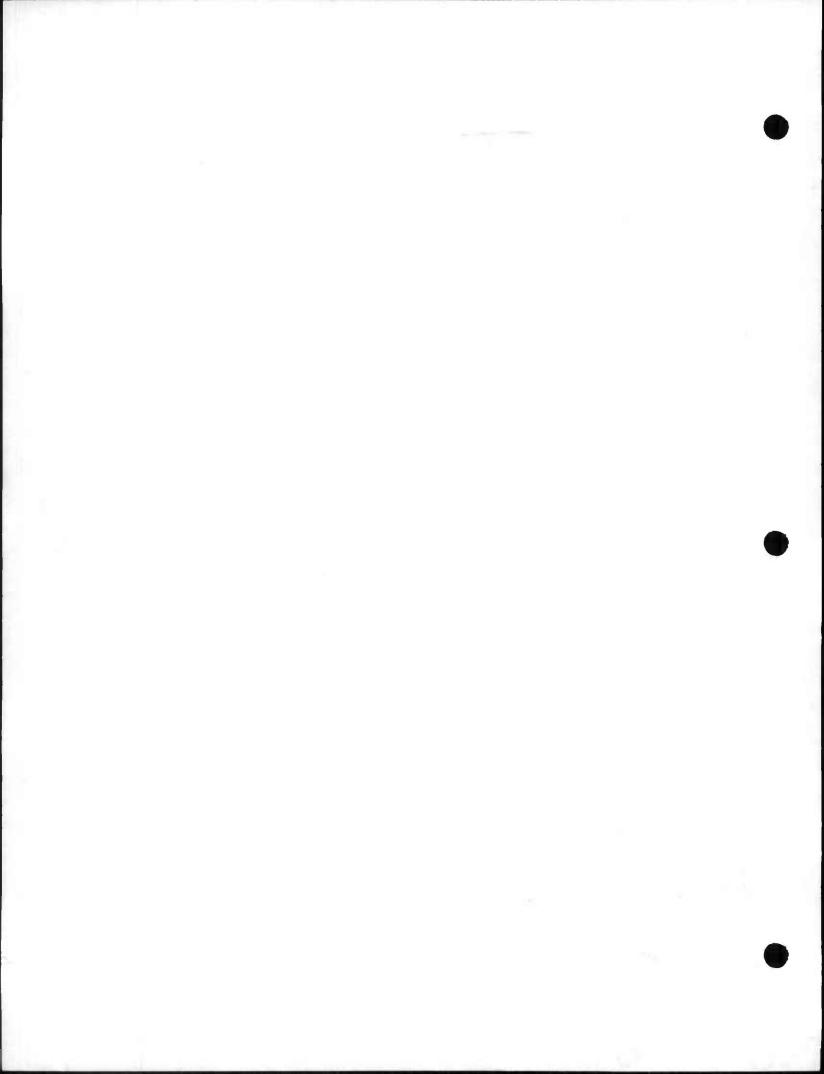
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RECORDS, P.O. BOX 68760,	tha	been signed by the attending physician and completely filled in the turn of Health and Mental Hydiene prior to burial cremation.
$\ddot{\circ}$	res	ngia
Ш	adni	S US
0	w requires that the death certificate be executed within 24 from that death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the function page 5 should be detached for use as the burial-transit permit. Pages 1, 2, and Health and Mental Hydiene prior to burial cremation.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	NT OF HEALTH AND TE OF DEATH	MENTAL HYGI REG.			
1	1. DECEDENT'S NAME (First, Middle, Last) John Wesley				2. DATE OF DEATH MONTH DAY YEAR 06/07/1993			
- 1	4. SOCIAL SECURITY NUMBER 242-16-4487 9e. FACILITY NAME (If not institution, give s	5. SEX 6. AGE 1 ☑ M 2 ☐ F	(In yrs. last birthday) IF U 79 YRS. MON		7. DATE OF BIRTH (Month, Day, Yea 11/28/	1913	BIRTHPLACE (State or Foreign Country) North Caro	
стов	2102 Elsinore			atv, town on Location of Baltimore (9c. COUNT	Y OF DEATH	
DIREC	10e. STATE 10b. COUNT	Y		M OR LOCATION Baltimore			10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 2102 Elisnore	7		101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wiklowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 YES 2 NO Spe	PANIC ORIGIN? (Specify		USA I. RACE — American Indian, Black, White, etc. Specify:	
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USUA (Give kind of work a life. Do NOT use retir Meter	one during most of working and.)		BUSINESS/INDUS	Negro ectric Co.	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) John Wesley F 19a. INFORMANT'S NAME (Type/Print)	Robinson, S		Emn				
6 "	Virginia Reyn	olds		isnore Ave				
	20e, METHOD OF DISPOSITION 1.25 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	coval from State Cor	PLACE AND DATE OF DIS petery, crematory or other pl CALLISON I	POSITION (Name of	DATE 20c	LOCATION — CH	y or Town, State	
YSICIAN: MEDICAL CERTIFICATION	21. SIGNATURE OF FUNERAL SERVICE LIC		dilison i	22. NAME AND ADDRESS OF Joseph L.	FACILITY		Co., Md.	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significant condition	ona contributing to death but not resulting in the underlying cause given			PER	PERFORMED? 24b. YES 2 NO C		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOS DITAL: 28. PLACE OF DEATH (Check only one)							
	1 YES 2 MANO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW IN HIRY OCCURRED					200	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?			28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number,			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	cify)		City or Town, S.	afe)		
COMPL	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. 3 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated.							
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Celler	1	29c. LICENSE N	P327	29d. DATE 5	NGNED (Month, Day, Year)	
2	MOGES GEBREMARIAM, M.D. 4660 Wilkens Ave. Ste. 203 Baltimore, Md. 21229							
W 1	31. DAJE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE					



rmit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buse filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

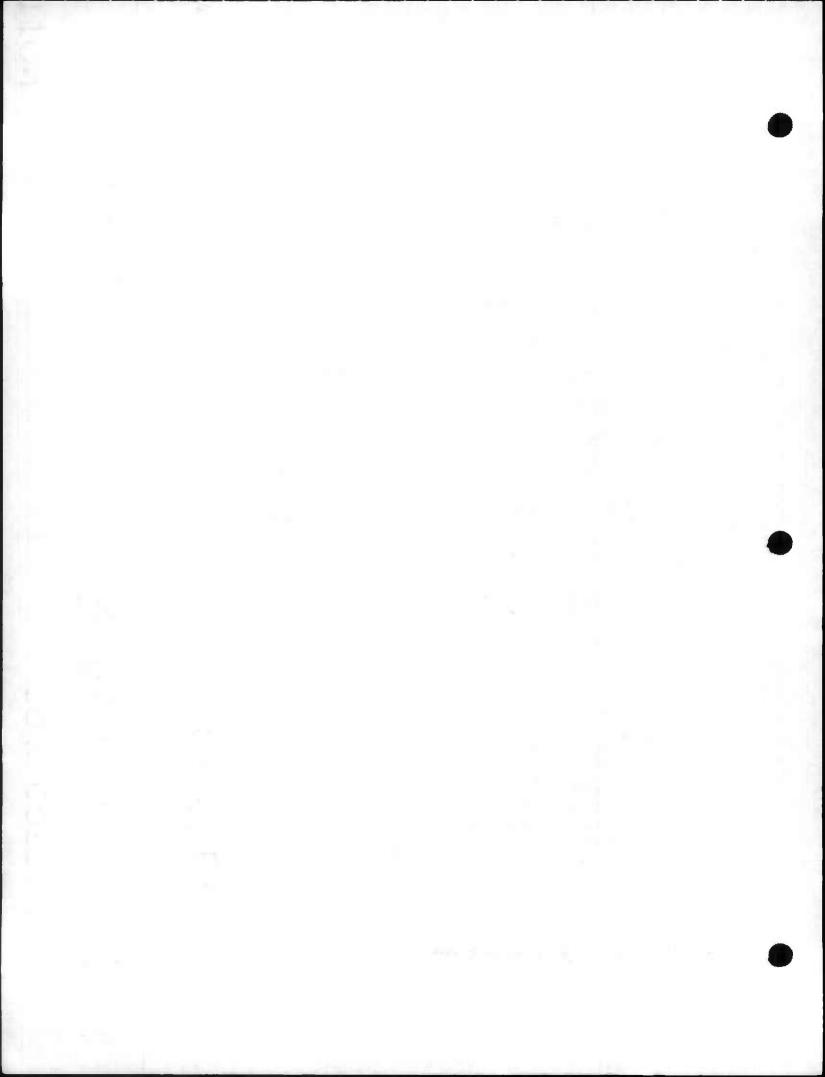
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Secretarian		MD. BALTO.	4		K					☐ YES 2 NO		
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Secretarian	SNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI	45D	12 WAS DECE	OY I	Z Z Z	OniOlata (Specify Ver	- 1) ,	1	_	
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THE INCREMENT'S NAME (TypePrint) THE IN	PLE	Conseque (1-4 of 5 +)	/	. 10	00							
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20. METIOD OF DISPOSITION 10 per to proposition			MAILING	ADDRESS (Street en	nd Number of	Rural Rout	e Number, City or Tow	n, State, Zip (Code)		_	
22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the disease, or ggriplications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between check, or heert fellure. Elst only one cause on each line. MMEDIATE CAUSE (Finel diseases or condition) a. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or condition) DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A C	F	ANTOINETTE KUPP IS	541	1 EMORY	RD	. (PPELCO	HI). 1	2/155		
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Accident 3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office 28e. PLACE OF INJURY — At home, term, street, tectory, office 28e. PLACE OF INJURY — At home, term, street, tectory, office 28e. PLACE OF INJURY — At home, term, street, tectory, office 28e. PLACE OF INJURY — At home, term, street, tectory, office 28e. PLACE OF INJURY — At home, term, street, tectory, office 28e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. DATE SIGNED (Month Dev. Mer.)		(Month, Day Year)		URY WOR	RK?		d. DESCRIBE HOW II	NJURY OCCU	RED			
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29c, LICENSE NUMBER 29d, DATE SIGNED (Month Day Year)	8							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
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19326 1 /1/100		29b. SIGNATURE AND THE OF CERTIFIED	-		29c, LICENS	SE NUMBEI	R	29d. DATE	SIGNED /M		_	
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D18326 > 6/4/93 30. NAME INO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NA EEM (GAUHAR Enex Med Ctr, Balt MD 2/22/	ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Туре,	Print)	0 -1	,	1 01	Har	- ~	(2)		
" VICE (RESTURTANCE ENEX West CTY Kall MD 2/22/			ne	x /wea	CF	7,	Ball	141	2 5	1551		
		JUN 1 0 1993 Achia Jevil.										
						,						

n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	TO BE COMPL	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

31. DATE FILED (Month, Day, Year)
JUN 1 1993

32. REGISTRAR'S SIGNATURE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFI	CATE OF DEATH		REG. NO).		E OF DEATH	
				MON	TH D	DAY	YEAR		
Oletha Scott	5. SEX 6. A	GE (In yrs, last birthday)	IF UNDER 1 YEAR IF UNDER 24		ne 5,		8. BIRTHPLACE)5 P.	
578-46-1972	1 □ M 2 🏌 F			MIN. 1/6	th, Day, Year)		Country)	Caroli	
9a. FACILITY NAME (ti not institution, give str			9b. CITY, TOWN OR LOCATION			9c. COUN	ITY OF DEATH		
502 62nd Pl.	# C		Seat Pleasa	ant		Prin	ce Ge	orge's	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 CITY	TOWN OR LOCATION				1 404 11	ISIDE CITY	
Md.	P.G		at Pleasant	1 H47700					
100. STREET AND NUMBER 502 62nd	3 P1 # C		101. ZIP CODE 20743	2			ZEN OF WHAT C	OUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVE	FR IN U.S. ARMED	13. WAS DECENDENT OF		N2 /Specify Ve		S.A.	erican Indian	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes, specify Cuben,	Mexican, Puerto			Black, White	lack	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a, DECEDENT'S U	USUAL OCCUPATION	16	b. KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.)						
10th		Bus G	irl		Rest	aura	nt		
17. FATHER'S NAME (First, Middle, Last)				R'S NAME (First,	Middle, Maider	n Surname)			
Elijah Jone	es		Ca	rrie	(Unkn	own)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number of	Rural Route Nur	nber, City or Tov	wn, State, Zip	Code)		
Bernard J. Scot	t	723 5	59th Pl.,Fa	irmou	nt HG	TS.	Md - 20	743	
20s. METHOD OF DISPOSITION 1 CXBurlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of Cemetary, crematory or other place) Harmony Mem. Park 6/9/93 Landover, Mcd.									
21. SIGNATURE OF FUNERAL SERVICE LICE	FNSFF	narmony	Mem. Park	0/9/9	<u>э</u>	naove			
			22 NAME AND ADDRESS	OF FACILITY			er, Ma.	-	
23. PART I. Enter the diseases, or c	M. Gu		H.S.Was 4925 Bu	hingt rroug	on & ns Av	Sons e.,N	Inc. E.	Approximate	
23. PART I. Enter the diseases, or cahock, or heart feilure. I	omplications that caudist only one cause of	used the deeth. Do no	H.S.Was 4925 Bu ot enter the mode of dyln	hingt rroug	on & ns Av	Sons e.,N	Inc. E.	Approximate nterval Betw Onset and De	
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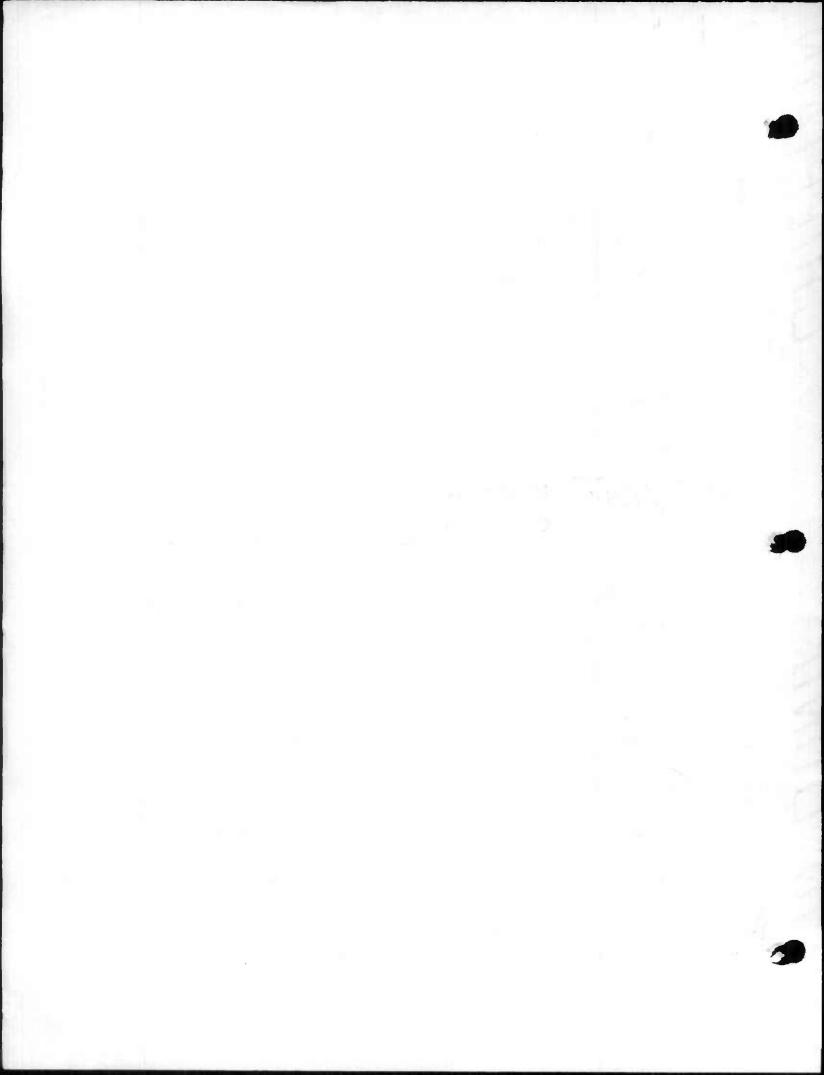
	_		REGISTRAR		CI	:KIII	ICALE	OF DEATH		REG. NO.				
			1. DECEDENT'S NAME (First, Middle, Last	"						OF DEATH		3.	TIME OF DEATH	
			Ar	astazija	Stank	evic:	ius		June		1993	EAR	M	4
	1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE O	F BIRTH			ACE (State or Foreign	_
			022-26-3642	1 🗆 M 2 💢 F	108	YRS.	MONTHS D	AYS HOURS MIN.		Day, Year) 0/1885	. 1	Country)		
pinor			9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY, TO	OWN OR LOCATION OF DE		0/ 100:	9c. COUNTY	j thy		
es ts		۳ ا	Forest Haven N		me			nsville			Balti			
1, 2,		K I	RESIDENCE OF DECEDENT									_		
See		DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR I	OCATION				10	d. INSIDE CITY	_
ت. چ		5	Md. Balt	imore		Ca	atonsv	ille				1	LIMITS?	
m-security in the security in		4	10e. STREET AND NUMBER				X O O I I O	101. ZIP CODE			10g. CITIZEI		T COUNTRY?	
usit p		H H	315 Ingelside	Ave,				21228			Lit.	hvan	ia	
ician al-tra		FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.Ş.AR							-		
5-0020 nding physic is the burial		- 11	1 Never Married 2 Married	FORCES? 1	YES 2X N	10	If ye	s, specify Cuban, Maxica YES 2X NO Specif	in, Puerto R	can, etc.)		Black, W	American Indian, /hita, atc.	
ding the		ā	3 Widowed 4 Divorced				'-	TES ZAL NO Specif	у.			Specify	hite	
215 aften		3	15. DECEDENT'S ED (Specify only highest gra-	UCATION	16a. DE	CEDENT'S	USUAL OCCU	IPATION	16b.	KIND OF BUS	INESS/INDUS			_
21 al or for u		-	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT u	work done duni se retired.)	ng most of working						
D spit	_ [<u> </u>	4th		He	cmema	aker							
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	once	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, M	iddle, Maiden	Surname)			
	₹ .		Simas Karinauskas				Ursule I				mown			
AR			19a. INFORMANT'S NAME (Type/Print)	- Mar Illians		. MAILING	ADDRESS (S	treet and Number or Rural				rde)		
Teta		5	Eugenija Drazd	live		105		Oak Rd. C					0	
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make misst he notified at once.	8	- 1	20a. METHOD OF DISPOSITION				OF DISPOSITION		OATE		CATION — CITY			
	nust		1 Donation 5 Other (Specify)	moval from State	cemetery, cre-	matory or o	ther place)							
	-	ŀ	21. SIGNATURE OF FUNERAL SERVICE I	ICOME:	- IHOTA	Keae	emer C	<u>em . </u>	6/9	Balt	imore	, Ma	•	_
	튑		A . /	11/2	11.7		Dav	id J. Webe	r F.H	•				
MA de			* xpood !	1. Mi	wer		5311	Edmondson	Ave.	Balt:	more,	Ma	21229	
a P	medical		23. PART I. Enter the diseases, or	complications the	t caused the de	ath. Do i	not enter the	e mode of dying, suc	h es cerdi	ec or reepli	ratory srrest	,	Approximate	
0 g 50	Ē		shock, or heart felture IMMEDIATE CAUSE (Finel	. List only one ceu	ise on each line			1 5					Interval Between Onset and Death	
1 2	흎	1	disease or condition	Ca	0.00	4	12.	whoring					Onset and Death	'
58760, executed within 24 and completely fille oburlal, cremation,	event, the	ł	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O								_
68760, accuted with and completed		_		-									İ	
x 687 executed n and con to burial,	or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):						 	_
0 2 2 2	IT I	ξ	cause, Enter UNDERLYING											
	the i		CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										_	
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S, P e death he atten Mental h		3		V										_
RDS lat the d by the	any Injury.	1	PART II. Other significent condition	ons contributing to	deeth but not r	esulting	in the under	rlying cause given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS	
CORD ires that the signed by the lealth and M		{								1 TES 2		CO	MPLETION OF CAUSE	
111 3 " 1	2 3	E E											YES 2 NO	
AL RE law requi	23 shows								_				2 100 7 0 110	
AL he law	H 2		25. WAS CASE REFERRED TO MEDICAL			-		86. PLACE OF DEATH (Ch	eck only one)				_
F VITA SICIAN: The certificate I the State	r Item	3	EXAMINER?	HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHER:	Home 5 - Residence						_
SICIA Certific	9 3		27. MANNER OF DEATH	28a. DATE OF		28b. TIM		c, INJURY AT			JURY OCCUR	ED		
ON O DING PHYS After this death with			1 Natural 5 Pending	(Month, D		INJ	IURY	WORK?	200.020	THE HOW IN	JUNI OCCUM	EU		
			2 Accident Investigation 3 Suicide Could not be	28s PLACE O	F INJURY At ho	me ferm			284 1 000	FION (Or		2	. N	_
	00 L	J	4 Homicide 8 Could not be determined	building,	etc. (Specify)	, railti, t	strout, factory,	OTHC	City o	Town, State)	nd Number or i	Hural Houte) Number,	
OR ATTENI DIRECTOR: hours after	Eli		29a. CERTIFIER											
A P D P P P P P P P P P P P P P P P P P	If the		(Check only					data and place, and due						
DSPI INER	ANT		2 MEDICAL EXAMIN	IER: On the beale of a	xamination and/or i	nventigatio	n, in my opini	on, death occured at the	time, data s	nd place, and	due to the c	ause(a) an	d menner as stated.	
新 市 26 英 写 2	E 1		29b. SIGNATURE AND TITLE OF CERTIFI	ER /	/			29c. LICENSE NUR	MBER		29d. DATE SI	GNED (Mc	onth, Day, Year)	1
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho	IMPORTANT: IF	- 11	House for	5600				DIST	72		D 6	18,	193	
	- }		30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEN	1 27) (Type,	, Print)	7 - 0 0	1				, _	
			HARUZO	R. BOI	13 1	722	a Po	all the	40		01	70	0	
_		1	31. DATE FILED (Month, Day, Year)	32 HEGISTRA	B'S'SIGNATURE		- / ~	1	1-0:				<u> </u>	-
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	TO THE HOSPITAL OF ATENCHIC THYSICIAN: The law requires that the death certificate be executed within sours	TO THE FUNERAL DIFFERING TO THE COMPLEX TO THE TRANSPORT OF THE ATTENDING PHYSICIAN AND COMPLEX MINED IN I	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or re

31. DATE FILED (Month, Day Year) 1993

32. Hantrane signature Juna Davidson-Randell

	1 - STATE REGISTRAR		CE	RTIFIC	ATE O	F DEAT	TH	F	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Ser	Ruth I	D. Ser	ex			2. DATE OF MONTH	DA		EAR 3. TI	ME OF DEAT	Н		
	4. SOCIAL SECURITY NUMBER							June		993		9:00	Ам		
	019-24-4684	5. SEX	6. AGE (In yrs. lest 64		NTHS DAY		MIN.	7. DATE OF (Month, Di 10-24	sy. Year)		Country)	E (State or Fo			
	Se. FACILITY NAME (If not institution, give s	reel and number)		9b	CITY, TOW	N OR LOCATI	ON OF DE	EATH		9c. COUNTY	OF DEATH				
TOR	15801 Oursler Ros	ad			Burt	onsvi	11e			Montg	gomery	7			
DIRECTOR	Maryland Mont	gomery		10c. CITY, TO		CATION SVill	P					INSIDE CITY LIMITS? YES 2 X X			
	10e. STREET AND NUMBER	Somery			di coi	10f. ZIP COD				10g. CITIZE	N OF WHAT		B10		
BY FUNERAL	15801 Oursler Ro					2086	_			USA	A				
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 THE	AED O	If yes		n, Mexica	NIC ORIGIN? (5 in, Puerto Rica y:		or No 14	RACE — A Black, Whi Specify:	mericen indicate, etc. White			
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC	EDENT'S USL	JAL OCCUP	ATION		16b. Kil	ND OF BUS	SINESS/INDUS	TRY	WILLE			
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +	1	ne kind of work Do NOT use re omemak		most or works	ng		Hom	e					
BE COM	17. FATHER'S NAME (First, Middle, Lest) Pearle Dobbs 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Blanche Brown														
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Paul Serex 15801 Oursler Road Burtonsville, MD 20866														
	20a. METHOD OF DISPOSITION			OF DISPOSITION				Bul Loi		CATION — CIT					
	1 Burial XX Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other ple	nore W				atory		urel,					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE()	0			AND ADDRE			_						
<	1 dal	extelle	alla.	/				Home,			.1 MI	207	707		
	23. PART I. Enter the diseases, or	complications that	caused the de	dir. Do not	anter tha	mode of dy	ing, auc	h as cardia	or respi	iratory arrea	t,	Approxim			
	ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition	List ofly one cau	ne du egger fink	1	ALL	na of	50	0.	h	200	8	Interval B Onset and			
	reaulting in death)	DUE 10	OR AS A CONSEC	UENCE OF):	Vacat	2	0,	-)2	with	3					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OF AS A CONSEC	LENCE OF):	SUN CO	the	di	000	Z N	1000	Arra				
ERTIFICATION	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONSEC	UENDS (PF):	000		ONT		2 11	Nesco	,400 5				
S		d													
MEDICAL CI	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.								PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ž															
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:														
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other								pecify)						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	INJURY ay, Year)	28b. TIME O		INJURY AT WORK? YES 2 [_ NO	28d. DEŞCR	SCRIBE HOW INJURY OCCURED							
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — Al hor etc. (Specify)	me, farm, stree	et, factory, o	office			ON (Street lown, State)		Rural Route	al Route Number,			
I iu I	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data end place, end due to the ceuse(e) and manner ee stated.														
MPL		R: On the basis of e	camination end/or la	nvestigation, i	n my opinio	n, death occu	red at the	time, date an	d place, er	d due lo lhe	ceuse(e) end	manner ee s	stated.		
BE COMPLETED			camination end/or le	nvestigation, i	n my opinio		ENSE NU		d place, er			manner ee s	188		



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DIVISION OF VITAL RECORDS, P.O. BOX

THE FUREAL DR ATENDIA'S THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUREAL DIRECTOR: Attentis certificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after dark with the State begin to Health and Mental Hygher prior to bunial, cernation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CI	ERTIFICATE	OF DEAT	H		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF H	EALTH AND I	MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Middle, Last Alvin F Stoke:					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 228-60-8652		yrs. lest birthday) IF UN YRS. MONTE	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/04/19		BIRTHPLACE (State or Foreign Country)				
9a. FACILITY NAME (If not institution, given Union Memorial	e street and number) Hospital	Balt	imore	City		9c. COUNTY					
RESIDENCE OF DECEDENT 106. STATE 106. COU	NTY	10c. CITY, TOW	H OR LOCAT				10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER	on Arrenue	ba		ZIP CODE	-		1 1 YES 2 □ NO EN OF WHAT COUNTRY?				
1949 Collingt 11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN IT FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		IC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	n or No — 14.	SA RACE — American Indien, Black, White, etc. Specify:				
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION and completed) College (1-4 or 5+)	ISe. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during mos	N t of working	16b. KIND OF BU	SINESS/INDUST	яу				
17. FATHER'S NAME (First, Middle, Last)		Tunne	rlar	18 MOTHER'S NA	Mine ME (First, Middle, Melden						
Willie Stokes		Tan minus con		Celia	Jones						
Linwood Stoke	s				e. Balto						
20a. METHOD OF DISPOSITION 1 for Burial 2 Cremation 3 Real Donation 5 Other (Specify)	moval from Stata cemet	LACEAND DATE OF DISI ery, crematory or other pla Baltimore	ice)			cation - city					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE, LUS	1/ 5	22. NAME AN	D ADORESS OF FAC	ss Funer	al Hor					
23. PART I. Enter the diseases, of ahock, or heart feilur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications that caused in a List only one cause on accounts.	tha death, Do not an th line.	itar tha mod	la of dying, such	as cardiac or respi	iratory arrest,	Approximata interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): H /V Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificant conditi	24b. WHE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL: OTHER										
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	IRY AT	28d. DESCRIBE HOW I	NJURY OCCURE	ED .				
3 Suicide 4 Homicide Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 26b. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)											
	SICIAN: To the best of my knowled NER: On the bests of examination of						use(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUM			ONED (Morith, Day, Ybar)				
30. NAME AND ADDRESS OF PERSON V											
HIM 1 0 1993	32. REGISTRATE'S SIGNAT	L. DO									

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DIVISION OF VITAL RECORDS, P.O. BOX 687	TTTAINING DIVINING TO THE PERSON OF THE PERS
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32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Lest) PATRICK J. VEALE 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 3 eg/e 4 mice 0329 06 7. DATE OF BIRTH (Morith, Day, Year) 1 - 8 - 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 83 YRS. IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) DAYE 214-62-6209 MA TE Massachusetts Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, JOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH Baltimores DIRECTOR 05 owson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Baltimore City Maryland 1 X YES 2 NO 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 911 W. Lake Ave. 21210 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 ORCES? 1 YES 2 FORCES? 2 X NO 1 X Never Married 2 Merried 84 Specify: 3 Wildowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 5 Catholic Priest + Church 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) F. Bridget James Veale Kearns B notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph Society of the Sacred Heart 1130 N. Calvert St. Baltimore, MD 2 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 208. METHOD OF DISPOSITION

1 Ø Burlal 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) cemelery, crematory or other place) New Cathedral 6/15/93 Baltimore, Md. 21. SIGNATURE OF FUNERAL BERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY Paul L Hartsock, Jr. Baltimore, MD filled in by the fu Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Enter the diseases, Dr complications to course the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Approximsta interval Between IMMEDIATE CAUSE (Finel **Onset and Death** cremation, disesse or condition Myocardio/ Franchian 74 DUE TO (DR AS A CONSEDUENCE OF) completely traumatic event, resulting in death) prior to burial, and Sequantistiy list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate physician cause. Enter UNDERLYING CAUSE (Disease or injury the attending phy 1 Mental Hygiene injury, or other OUE TO (DR AS A CONSEDUENCE OF) that initiated evants resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.

The Description of Selection MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 ND OF DEATH? 1 YES 2 NO peen has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) item item certificate I EXAMINER? HOSPITAL OTHER: etlent 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this c 28 is marked. 1 Natural 5 Pending investigation 1 YES 2 NO TOR: After the after death BY 2 Accident 28a. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE FINEHAL CONTINUED INTO THE FINEHAL CONTINUED BE filed with Zapan at IMPORTANT: If from 28 29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 41649 6.70 0 PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print, LWAL

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Af the filed within 72 hours after de

After 1

IMPORTANT: If

BE

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2 MEDICAL EXAMINER: On the b

296 SIGNATURE AND TITLE OF CERTIFIER

93 17079 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0.5 DONALD LEROY WIESNER 7:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 5 - 18 - 1931 B. BIRTHPLACE (State or Foreign 218 28 6250 DAYS HOURS 13€ M 2 □ F 63 Maryland YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5617 EDMONSON AVE Baltimore BALTIMORE COUNT RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5617 Edmonson 21228 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: SpecMy White 3 Widowed 4 Divorced No COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Heating& Air Cond Elementary/Secondary (0-12) College (1-4 or 5+) 12 Salesman 17. FATHER'S NAME (First, Middle, Leat) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 품 Clarence Wiesner Madeline BE Mac Neal notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Diane Sutherland 5617 Edmonson Ave, Baltimore, MD 21229 be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSER on a 1 d Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 6/8/93 655W.BaltimoreStreet, Balto, MD 21201 medical 23 PART I. Enter the diseases, or complications that ceused the deeth. Do not enter tha mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. intervel Between MEDIATE CAUSE (Final **Onset and Death** the disesse or condition_ Arteriosclerotic Cardiovascular Disease resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSPOUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO IN QUIRS r this certificate has been with the State Dept. o PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: TYPES 2 | NO 4 Nursing Home 5 Nasidence 6 Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural
2 Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 49 COMPLETED 6 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 Hem

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM 27) (Type, Print) MARIO F. GOLLE. JR.M.D. 111 Penn Street, Baltimore, Maryland 21201 32. RESTRAR'S SIGNATURE his tenison Rudged

restigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

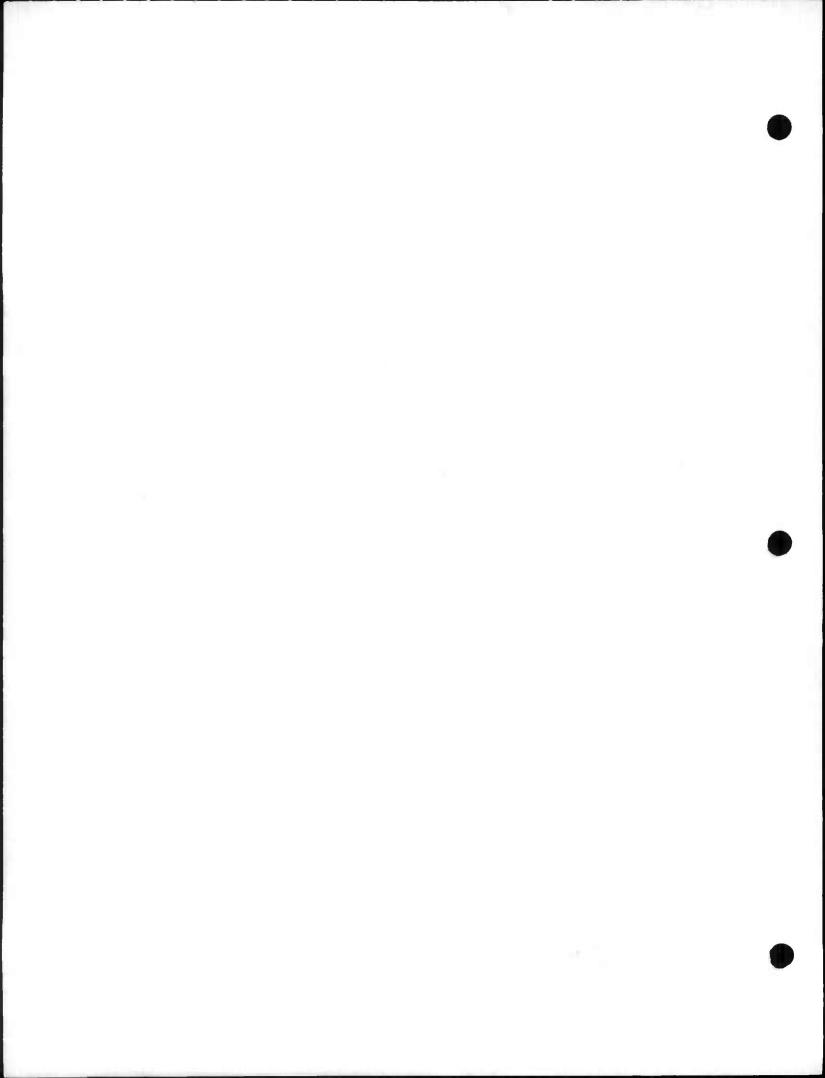
29c. LICENSE NUMBER

O.C.M.E.

1 CERTIFYING PHYSICIAN: To the best of any knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

29d. DATE SIGNED (Month, Day, Year)

6-4-1993

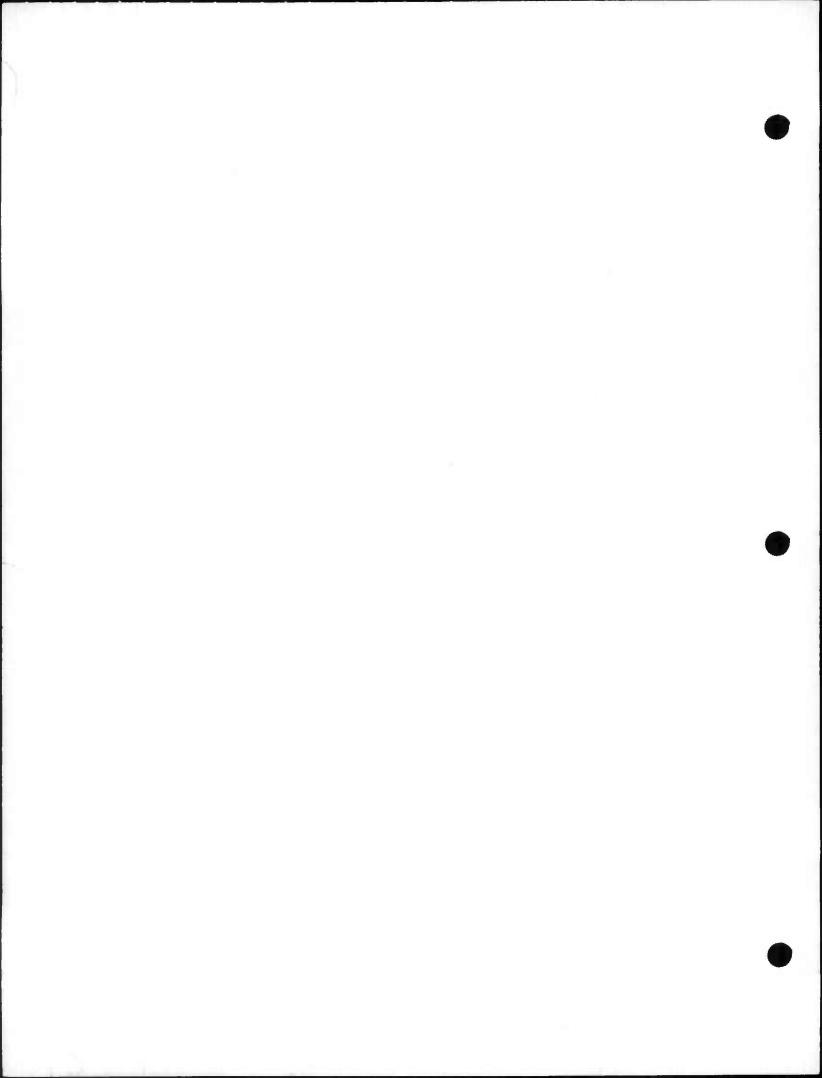


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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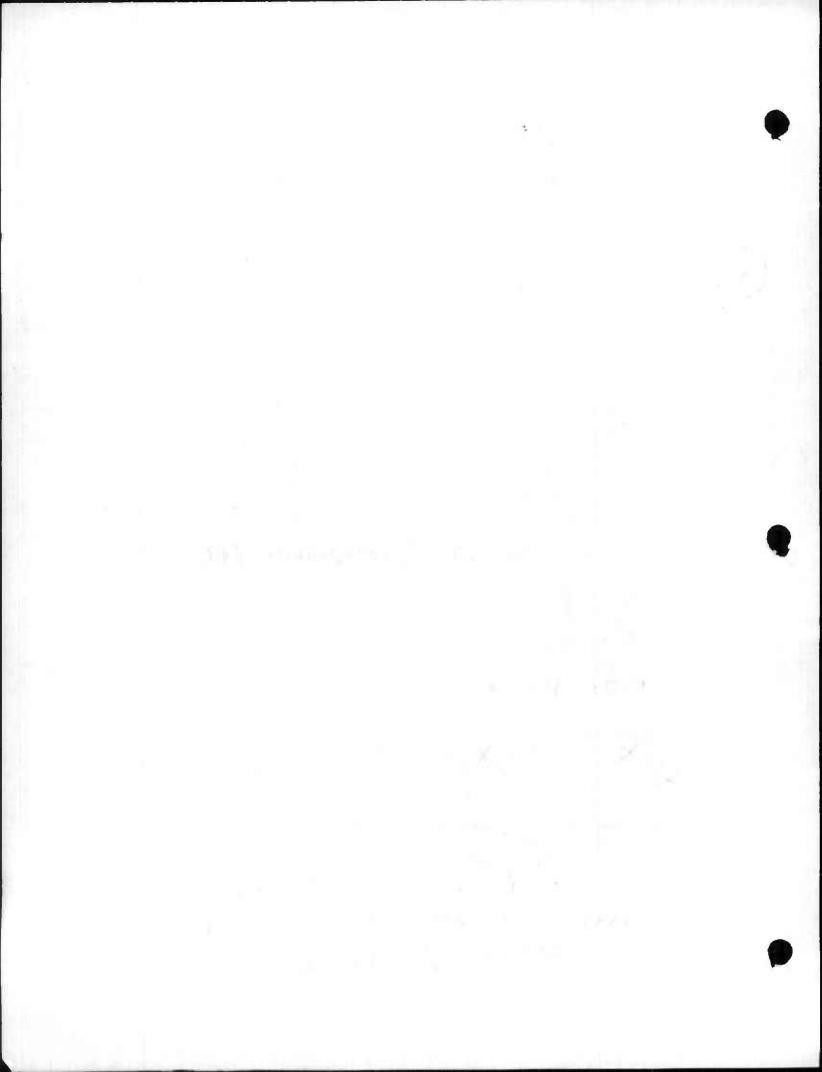
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S. C. C.	TYSICIA	iis certif	vith the	ed, or
Course On	THE ALLENDING PHYSICIAN: THE IBM REQUIRES THAT THE DEATH CENTIFICATE DE EXECUTED WITHIN 24 HOURS After Clearth. Page 6 may be retained by the hospital or attending physician.	DINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes	nows after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Jem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATT AND ADDRESS OF	ALIEN	ECTOR:	s after	1 28 1
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	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H			HYGIENE REG. NO.		
- 5	1. DECEDENT'S NAME (First, Middle, Lest) DONALD	LEE W	IGGINS			2. DATE OF		993 YE	3. TIME OF DEATH 2:05A M
	4. SOCIAL SECURITY NUMBER 218-46-9052	1XXM 2 □ F	(In yrs. last birthday)46 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I		8. 1	BIRTHPLACE (State or Foreign Country) MD
TOR	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPK RESIDENCE OF DECEDENT				IMORE C			9c. COUNTY BALT	OF DEATH IMORE CITY
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1140 E. North Ave	nue		101	21202			10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 XNO Speci	an, Puarto Ric			RACE — American Indian, Black, Whita, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Disab	ork done during mo retired.)	ON st of working	16b. K	IND OF BUSIN	NESS/INDUST	
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mid	dle, Malden Su	ımame)	
BE	Charles Wiggins 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Naomi nd Number or Rural	Route Number	City or Town	State 7in Con	fel.
5	Naomi Wiggins		1140	E. North	n Ave./B	altimo	re, Ma	arylar	id 21202
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	ovel from State Cer	b. PLACE AND DATE OF metery, crematory or oth LING MEMO	rial Par	ck	DATE			or Town, State Cown, Maryland
	PI. SIGNATURE OF FUNERAL SERVICE LIC	Cook	/	WM.C.	MARCH F.	H./110			AVENUE
	23. PART I. Enter the diseeses, or c ehock, or heert fellure.	omplications that ceuse list only one ceuse on o	d the deeth. Do no each line.	t enter the mo-	de of dyling, suc	ch aa cerdie	c or respira	tory arrest,	Approximeta Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Prem	A CONSEQUENCE OF						Onset and Death U DAYS
NO	Sequentially list conditions,		A CONSEQUENCE OF)						
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		A CONSEQUENCE OF):						
CERI	resulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions AORTIC MANE	Contributing to deeth to	out not resulting in	the underlying	ceuse given in		PERFORME	ED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN: A									1 125 2 2 40
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch		No 26-1		
РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	URY AT		IBE HOW INJ	URY OCCURE	D
ВУ	2 Accident Investigation	28s. PLACE OF INJURY	— At home, farm, etc.		ES 2 NO	201 LOCATI	ON /Street and	(Atombos os O	18
TED	4 Homicide 8 Could not be determined	building, etc. (Spe	cify)	est, ractory, critical	0	City or 1	fown, State)	Number or H	ural Route Number,
COMPLETED		ZAN: To the best of my known: Con the basis of examination							rse(a) and menner as stated.
BE	290. SIGNATURE AND TITLE OF CENTIMEN		n	12	29c. LICENSE NUI				N60 (Month, Day, Year)
ОТ	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P		4 Dison	1 7	BAT-71	mor	4
2	" JUN 6 4393	Julie Davidon-	andale			7			

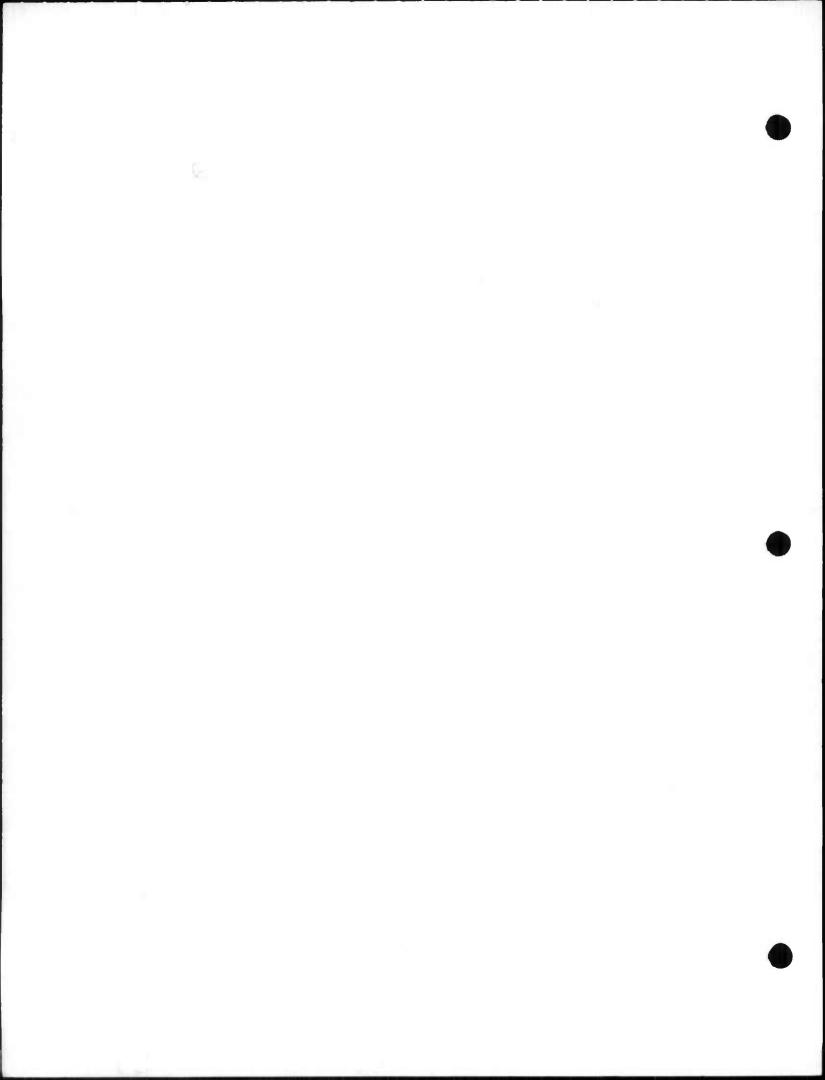


FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH William J. Wagner 06 05 1993 11:40 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) 215 10 8919 1 M 2 F 90 DAYS HOURS 01/03/1903 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Anne Arundel Linthicum 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 502 Shipley Road 21090 U.S.A. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married after death. Page 6 may be retained by the hospital or attending in BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: use as the White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe 204 Elementary/Secondary (0-12) College (1-4 or 5+) detached 12th Grade Desk Clerk Ditch Bowers & Taylor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Wagner 8 # Anna Hartman BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cecelia Wagner 502 Shipley Road Linthicum, Maryland 21090 be 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Metro Crematory, Inc. 6/7 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. nomicourpy luone 4001 Ritchie Hwy. Baltimore, Md. 21225 the medicai 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, filled in by Approximata ehock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disease or condition completely \$16 event. resulting in death) BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) nding physician and cor Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): P.O. that initiated evants attending reaulting in deeth) LAST the attent Injury, DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? s certificate has been si th the State Dept. of Hi id, or item 23 show 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER 1 HOSPITAL: OTHER: 1 | Inpatient 2 | R/Outpatient 3 | DOA 4 - Nursing Ho me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH L DIRECTOR: After this cer thours after death with the item 28 is marked, of 28e. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide MPORTANT: If Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINED ON IN end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER THE BE 29c. LICENSE NUMBER 6 2 3 2 30. NAME AND ADDRESS OF PERSON WHO SOM ETED CADSE OF DEATH (ITEM 27) (Type, Print) BUSE M 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1993

DHMH-18 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF LERTIFICATE OF		MENTA	L HYGIEN		J	1/0	82
	1. DECEDENT'S NAME (First, Middle, Lest) Mattie	Rell	Wallace		2. DATE MONT 0.5	OF DEATH DA		EAR	7:50	P. M
	4. SOCIAL SECURITY NUMBER 214-40-1039 98. FACILITY NAME (If not institution, give st	5. SEX 1 M 2 F 6. AGE (In yrs. let	YRS. SF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH	4	BIRTHPL Country)	ACE (State or	
CTOR	827 Arlington			more Ci			9c. COUNTY	OF DEA	тн	
DIRECTOR	106. STATE 106. COUNTY		10c. CHTY, TOWN OR LOCA	TION					UMITS?	
FUNERAL	100. STREET AND NUMBER 11. MARITAL STATUS	You Ave		SID CODE			Us	OF WH	AT COUNTRY?	
ВУ	Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 VI IF YES, GIVE WAR OR DATES	NO If yes, s	CENDENT OF HISPAN pecify Cuben, Maxica 5 2 NO Specify	n, Puerto	17 (Specify Yea Ricen, etc.)	or No — 14	Black, V	American Inc White, etc.	dlen,
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary December (0-12)	completed) (G	CCEDENT'S USUAL OCCUPATI live kind of work done during m DONOT use retired.)	ON ost of working	166	. KIND OF BUS	SINESS/INDUS	TRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		100 50	18. MOTHER'S NA	ME (First, I		Opame)	20,	,	
TO B	TORCY LERBY U	VALLACE "	B27 N. A	end Nymber or Rural S			n, State, Zip Co	de) Mi	2/2	17
	Dennition 5 Other (Specify)	oval from State	AND DATE OF DISPOSITION W	eme of PREST	3/4	20c_LO	CATION - CITY	or Town	, Stata 1/5, //	nD
_	The Solution of Funeral Service Lic	L. Rego	22. NAME A	ND ADDRESS OF FAI	CILITY /	Prin	P 170	2/1	Mark	De t
	IMMEDIATE CAUSE (Final disease or condition	omplications that caused tha de- list only one cause on sech line Arterioscler DUE TO (OR AS A CONSE	otic Cardi					.9	Approxir Interval Onset er	Between
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE			_					
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
DICAL C	PART II. Other eignificant conditions	contributing to death but not r	esuiting in the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	AM	ERE AUTOPSY MILABLE PRIOR OMPLETION OF	OT P
N: MEDIC						Inqu			DEATH?	NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Che						
PHYSICIAN:	1 XYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatient 3 26s. DATE OF INJURY	□ DOA 4 □ Nursing Hori	ne 5 Ansidence						
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	DRY AT DRK? YES 2 NO		CRIBE HOW II				
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 ho building, etc. (Specify)	me, rarm, street, factory, offic	•	261. LOC.	ATION (Street a or Town, State)	nd Number or I	Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledgs, de	ath occurred at the time, data investigation, in my opinion, o	and place, and due leath occured at the	to the cau	se(s) and man	ner as stated.	nuse(a) ar	nd manner aa	stated.
TO BE	296. 9TONATURE AND TITLE OF CERTIFIER	Wright M.D.		O.C.M					onth, Day, Year,	
	30. NAME AND ADDRESS OF PERSON WHO Donald Wright	M.D. 111	Penn Stre	et, Bal	timo	ore,	Maryl	and	212	01
3	31. DATE FILED (Month, Day, Year)	Julia Davidson-Ra	ndell							



3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

La1 0 6 0145 6 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 YRS. 216-30-4967 58 Maryland 1-5-35 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FUNERAL DIRECTOR St. Agnes Hospital Baltimore Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 700 Berry Road 21061 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 YOUNG IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4XX Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 Secretary US Government be notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Eugene Baker, Sr. BE Edith Shipley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorinda S. Watson 9<u>230H Livery Lane</u> MD Laurel, 20723 20s. METHOD OF DISPOSITION
1 □ Buriel 2 Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must cemeter, cremetory or other piece)
Baltimore Washington Crematory Laurel, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Road Laurel 20707 medical 23. PART / Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between ŏ IMMEDIATE CAUSE (Finei Onset and Death the the attending physician and completely fille Mental Hygiene prior to bunal, cremation, disease or condition Kespiratom HISPITAL OR ATTENDAGE PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) TO (OR AS A CONSTROUGH OF) neumonia PHYSICIAN: MEDICAL CERTIFICATION other traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST 6 e Dept. of Health and Mental H m 23 shows any injury, or PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item this certificate his with the State E 28. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing e 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural
2 Accident B 1 YES 2 NO THE FUNESAL DIRECTOR. Attact
Within 72 hours after death
IMPORTANT. If from 28 is man 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) Medical Resident. 93. 7 0 WHO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print) UNiga 32 REGISTRADE SIGNATURE "1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Edna Irene Watson

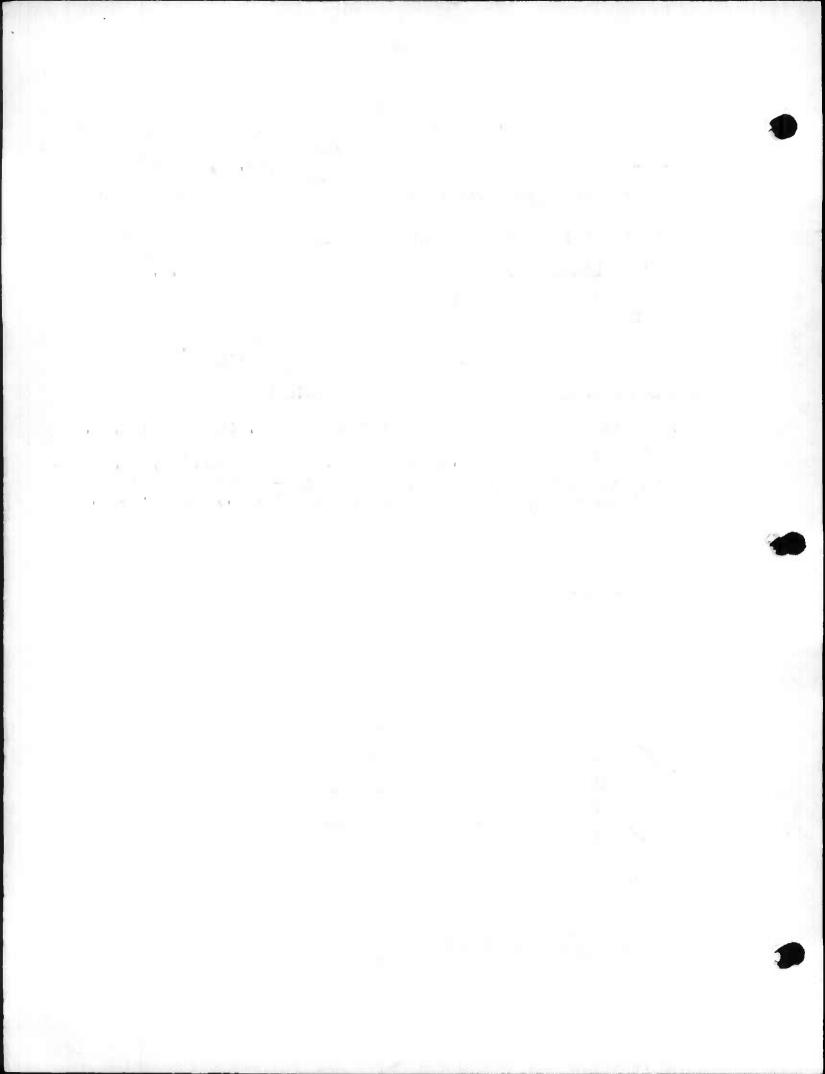
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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State Dept. of Hea	item 23	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

- REGISTRAR		CERTIFIC	ATE O	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)	ARAH S. W	ASKOW			2. DATE OF DEAT MONTH	H DAY	GI3	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3	6, BIRTHP	PLACE (State or Foreign
577-16-1250	1 M 2 F	94 YRS.	DAYS	HOURS MIN.	NOV 28	T030	NEW UNTY OF DE	YORK
HEBREW HOME OF	GREATER W			TOTI EDUCATION OF D	CAIN	1000	ONTGO	
MARYLAND MONT	GOMERY 2		VER S	SPRING				10d. INSIDE CITY LIMITS? 1X YES 2 NO
15101 INTERLACE	EN DRIVE		ns.	101. ZIP CODE 20906			TIZEN OF WI	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES JF YES, GIVE WAR OR I	2 NO	If yee,	epecify Cuban, Mexic ES 2 NO Speci	en, Puarto Ricen, atc.		14. RACE Black, Specifo WHI	— American Indien, , White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)		16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during	TION most of working	166. KIND OF	CO .	IDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	100	ONELO O	loss from 1 V 1 V	16. MOTHER'S NA	AME (First, Middle, Ma	iden Sumame)		
CHARLES SCHILL	.ER			ANNIE	SCHER			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	et and Number or Rural	Route Number, City or	Town, State, 2	Zip Code)	
ESTHER WASKOW		15101		RLACHEN				
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	wal from State	b. PLACE OF DISPOSITION other place)		1000		LOCATION -		wn, State
Donation 5 Other (Specify)	ENSEE CO	MILEBANO		METERY AND ADDRESS OF FA		DELPH	II, M	1D.
Roberton	Mala	laux	22.10,000	NES FA	-PEARSO	N FU	NERAL VA	HOME T
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):						Onset and Death
resulting in deeth) LAST	ı							
PART II. Other significent conditions Con GE		but not reculting in t	TAILL		PE	S AN AUTOPS' RFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C	heck paly one)			
EXAMINER?	HOSPITAL:		THER:	ome 5 🗆 Reeldence				
27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c.	INJURY AT WORK? YES 2 NO	28d. OESCRIBE H		CCUREO	
2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, etc. (Spo	tY — At home, farm, streecify)	et, factory, o	Hica	281. LOCATION (St City or Town, S		per or Rural Ro	oute Number,
anal .	CIAN: To the best of my kno) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	M·D.			29c. LICENSE NU			ATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO			int)		LE M			
JUN 1 (Ponth. Day. Year) Jun	32 BEGISTRAR'S SIG	NATURE	T					



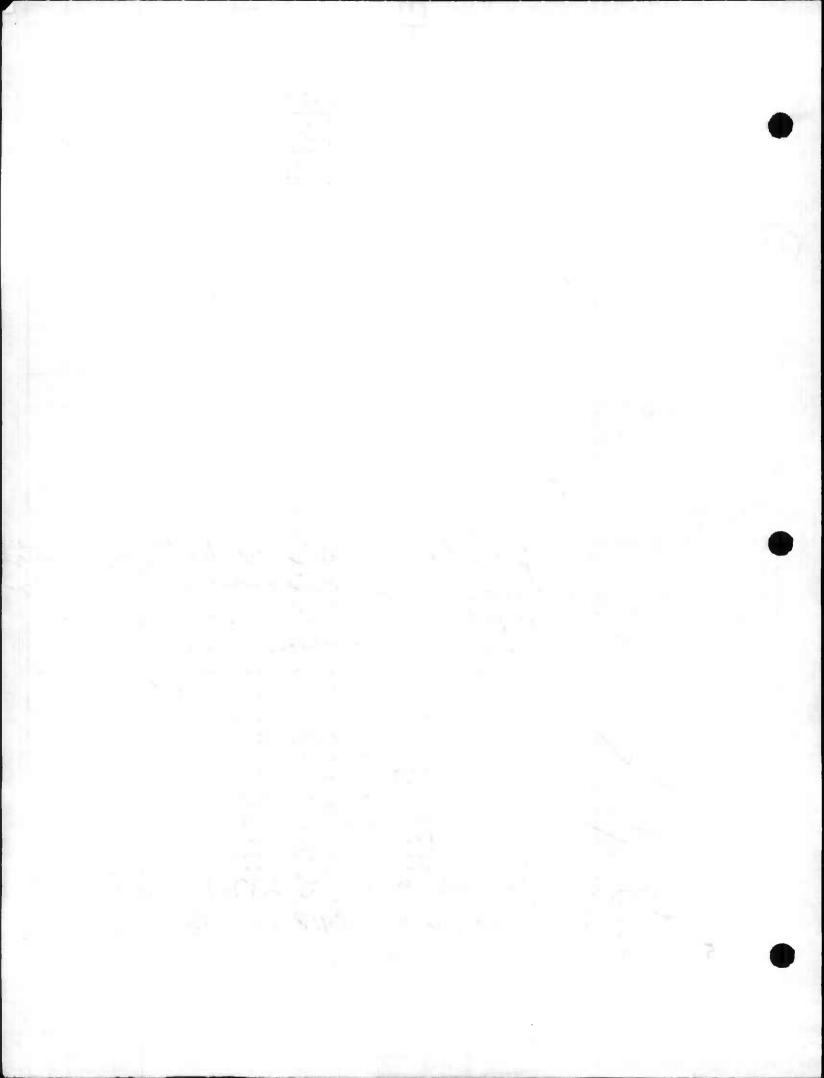
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0 1993

32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

	1. DECEDENT'S NAME (First				N. Paris	200		AY 1.00	YEAR 1. TIME OF DEL			
	4. SOCIAL SECURITY NUM	ISSA YEAGLE	6. AGE (in yrs.	last hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	06 08	199	8. BIRTHPLACE (State or			
	217-09-9149			YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1888	Country) MARYLAND			
1		nstitution, give street and number)	100		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF TEATH							
Œ				- 10			EAIN					
СТОВ	RESIDENCE OF DE	SING CENTER	 		DKUUKL	YN PARK		F	ANNE ARUNDEI			
ш	10e. STATE	10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CIT			
OH	MARYLAND	ANNE AF	RUNDEL	L	INTHICU	M HEIGHTS	5					
AL	100. STREET AND NUMBER				-10	I. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?			
FUNERAL	508 DARLENE	AVE.				21090		U.	.S.A.			
N	11. MARITAL STATUS	FORCERS	DENT EVER IN U.S.				NIC ORIGIN? (Specify Ye	14. RACE — American Inc Black, White, etc.				
-	1 Never Merried 2	IF YES, GIV	1 YES 2 5	Ũио		S 2 ND Specific	an, Puerto Rican, atc.) ly:		Specify:			
BY	3 X Widowed 4 Div	proed			1				WHITE			
TEC		CEDENT'S EDUCATION by highest grade completed)		(Give kind of v	USUAL OCCUPAT	ION ost of working	16b. KIND OF BU	ISINESS/IN	IDUSTRY			
E	Elementary/Secondary (0-12) College (1-4 o	€ 5 +)	life. Do NOT us	e retired.)							
COMPLETED	10	NONE	SI	EAMSTR	ESS	MANUFACTURING COMPA						
00	17. FATHER'S NAME (First, A					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18. MOTHER'S NAME (First, Middle, Malden Surneme)					
BE	ANDREW BELL					SUSAN WATERS						
0	190. INFORMANT'S NAME (ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) DARLENE AVE. LINTHICUM HEIGHTS, MD 210							
	MURIEL W. H											
		on 3 - Removal from State	20b. PLA	CE ANO OAT! ary, crematory	or other place)	RINITY			- City or Town, State			
	4 Donation 5 Other (Specify) UNITED METHODIST CHURCH CEMETERY 6-12 WOODWARDVILLE, MD 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME											
	21. SIGNATURE OF FUNERU	THE PROPERTY OF THE PARTY OF TH			SING	LETON FUN	NERAL HOME					
	1 /	1 June							RNIE, MD 210			
CERTIFICATION	ahock, pr heert failure. List pnly one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
: MEDICAL		ant conditions contributing	g to death but no	nt resulting	V 205 277-4183		1 PERFO	HMED?	24b. WERE AUTOPSY AMALABLE PRIC COMPLETION OO OF BEATIFY 1 YES 2			
PHYSICIAN	25. WAS CASE REFERRED	TO MEDICAL HOSPITAL	4		OTHER!	PLACE OF DEATH (C)	hack only one)					
YS	1 □ YES 2 □ M6	1 C Inpatient	2 - ER/Outpatient	_	4 Deficing Ho		6 🗆 Other (Specify)					
F	1 Hatural 5		E OF INJURY th, Day, Year)	28b. TiM	IURY W	LJURY AT IORK?	28d. DESCRIBE HOW	INJURY O	CCURED			
-	2 Accident	Investigation				YES 2 NO						
6	3 Suicide 6 S	Could not be determined	CE OF INJURY — AI Ring, etc. (Specify)	home, farm,	street, factory, off	ice	28f. LOCATION (Street City or Tiwn, State		er or Rural Route Number			
ED BY	T C THOMBONIE						The second secon					
TED												
TED	(critical critic)	TTIFYING PHYSICIAN: To the be	et of my knowledge,	death occurr	ed at the time, da	te end place, end du	e to the ceuss(e) end m	enner as st	teled.			
0	(Check only	TTIFYING PHYSICIAN: To the be										



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FINAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

THE FINAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Dr.

31. DATE FILED (Month, Day, Year)

	500	4-7										3	17086
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	TMEN	T OF H	EALTH A	ND MI		HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)						- m		2. DATE OF	DEATH		3.	TIME OF DEATH
	В	lanche			Ans	e11			June		1993	EAR	12:20 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER 24	HRS. 7	7. DATE OF (Month, D	BIRTH lay, Year)		BIRTHPL/ Country)	ACE (State or Foreign
	212-18-9718 9e. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	71	YRS.			13.5%		09	07/		Mar	yland
œ					9b. CIT		R LOCATION				9c. COUNT	0. 00.	
DIRECTOR	Catonsville Comunity	Convalesce	nt Cente	r		Cat	onsvi	ille	5		Ba	lti	more
REC	10a. STATE 10b. COUNTY			10c. CITY	, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
	Maryland	Howar	d				E11	lico	tt (City		1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	1 5 1				101.	ZIP CODE				10g. CITIZE		T COUNTRY?
NE I	3002 Ramblewo							2104				USA	
	1 Never Married 2 Married		YES 2 X	NO NO	13.	If yes, spi	ENDENT OF I	HISPANIC Mexican, I	ORIGIN? (S Puerto Rica	Specify Yearn, atc.)	or No 14	. RACE Black, W	American Indian, hite, atc.
ΒY	3 X Wildowed 4 Divorced	IF YES, GIVE W	AH OR DATES			1 YES	3 ☑NO	Specify:				Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. D	ECEDENT'S	USUAL C	CCUPATIO	N et et weeklee		16b. KI	ND OF BU	SINESS/INDUS		MILLUE
	Elementary/Secondary (0-12)	College (1-4 or 5+) lin	Give kind of w Do NOT us			st or working						
₽₩	6th. Grade 17. FATHER'S NAME (First, Middle, Last)			Hom	ema	ker					Home		
	Committee of the control of the cont	Thomas					18. MOTHER		,	,			
BE	19a. INFORMANT'S NAME (Type/Print)	Thomas	19	b. MAILING	ADDRES	S (Street a	nd Ahumbar or				John		<u>n</u>
유	Charles H. An	sell											21228
	20e. METHOD OF DISPOSITION 1 Buriel 2 Commation 3 Remo		20h PLACE	ANDDATEO	E DISPO	SITION /No	me of		DATE	200 10	CATION CIN	. an Taura	Charles
	4 Donation 5 Other (Specify)		Metr Metr	o Cr	ema	tory	y, Inc	. 6	1/8	Ba1	timor	e.Ml	21228
	21. SIGNATURE OF JUNERAL SERVICE LIST	ENSES	M		22.	NAME AN	D ADDRESS	OF FACIL	ITY		f Md,		
	George E. I	MacNabb											21228
	23. PART I. Enter the diseases, or contact, or heart fellure. L	omplications that	caused the d	eeth. Do n	ot ente	r the mod	de of dying	, such e	a cardiac	or reepl	ratory erres	, 112	Approximete
	IMMEDIATE CAUSE (Final												Interval Between Onset and Death
	disease or condition resulting in death)	Cara DUE TO	noma	0	10	e B	reas	+	W	th			
		DUE TO	OR AS A CONSE	QUENCE OF):	Δ.							
ERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CONSE	QUENCE OF		se							
\¥	if any, leading to immediate cause. Enter UNDERLYING				,-								
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):								
	resulting in death) LAST												
LC	PART II. Other significent conditions	contributing to	deeth but not	resulting is	n the u	nderlylng	cause give	en in Pa	rt I. 24	a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
MEDICAL									1	PERFOR	MED?	CO	MPLETION DF CAUSE
Ä									_ '	123 2			DEATH?
									-				3,00
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OEAT	TH (Check	only one)				
YSI	1 TES 2 NO	1 Inpatient 2			OTHE		5 🗆 Reald	lence 8 [Other (S)	pecify)			
표	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF I (Month, Da	INJURY ly, Year)	28b. TIME INJU		28c. INJU WOI	JRY AT	21	8d. DESCRI	BE HOW II	NJURY OCCUR	ED	
B	2 Accident Investigation	20 - PH AOF OF	101.01.000		M		ES 2 N						
E	3 Suicide 6 Could not be determined	building,	INJURY — At he etc. (Specify)	Xne, Iarm, st	reet, tac	tory, office		26	City or To	ON (Street a own, State)	and Number or	Rural Route	Number,
	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the heet of	mi knowledno di	eth assume	d at the s	Managara da ta						-	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	: On the basis of ax	amination and/or	Investigation	, in my	opinion, de	ath occured	at the tim	The Cause(i	e) and man I place, an	ner as stated. d due to the c	nusela) an	d manner as stetart
8	290. SIDMATURE AND TITLE OF PERTIFIER	1					29c. LICENS						
in II													
O BE	Cm/0/101	run	R	M)			32	<u>ק</u>			6/08	nth, Day, Year)

COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Wilkens Ave.

Suite203 Balto.,MD

Moges/Gebremarian 4660 Will
LED (Month, Day, Year)

JUN 1 1993

Julia Beridan Rudon

Julia Be

21229



TO THE HOSPITAL OF THE CALLAND THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF N	IARYLAND /	DEPAF	RTMEN	T OF H	IEALTH AND	MENTAL HYGIE	:NE	93 1	708
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Emily	Alia		ERTIF	ICAT	E OF	DEATH	2. DATE OF DEATH JUNE 10		YEAR 3. TIME OF DI	EATH
	4. SOCIAL SECURITY NUMBER 198-14-2668	5. SEX 1 M 2 X F	8. AGE (In yrs. las	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	? DATE OF BIRTH (Month, Day, Year) April 1		8. BIRTHPLACE (State of Country) PA	Foreign
TOR	90. FACILITY NAME (If not institution, give 1403 A Clear S		d		9b. CIT		PR LOCATION OF D		9c. COU	nty of DEATH 1timore	
DIRECTOR	Md. 106. COUNT	y Baltimore		10c. CIT		or locat				10d. INSIDE C LIMITS? 1 YES 2	V
FUNERAL	1403 A. Clea					101	ZIP CODE 212	21		ZEN OF WHAT COUNTRY USA	7
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 A	MED NO	13	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, atc.) fy:	Yea or No-	14. RACE — American In Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION o completed) College (1-4 or 5+	(G	CEDENT'S ive kind of the Do NOT us	work done se retired.)	during mo	DN st of working	166. KIND OF E	BUSINESS/IND		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Domenic Pade	eletti			-			AME (First, Middle, Maid ira Cocco			
TO E	19a. INFORMANT'S NAME (Type/Print) Ann Ryan		191	b. MAILING	ADDRES	s (Street a Bridg	nd Number or Rural ge Cross	Route Number, City or 1 ing Bla		Md. 2122	1
	20a. METHOD OF DISPOSITION 1 Ziburlel 2 Crematton 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE /	Cawno Cawno	"Cenn	etery	6/1	2/93		ore MD.	
	Connelly F	unual	Hón	ne	- 1	Conne	-	ralHome 3		Ave. 21221	
	23. PART I. Enter the diseases, or ahock, or heet failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE ON	ceused tha dese on sech lina	esth. Do r	not ante	r tha mod	de of dying, suc	ch as cardiac or res	spiratory srr	interval	Between and Death
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	е	OR AS A CONSEC								
PHYSICIAN: MEDICAL C	PART II. Other significent condition Aled on Back p	es contributing to			in the u	nderlying	ceuse given in		AN AUTOPSY ORMEO? 2 NO	24b. WERE AUTOPSY AMAILABLE PRIK COMPLETION O DF DEATH? 1 YES 2	OR TO F CAUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHE	R:	ACE OF OEATH (C)	a Cother (Specify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF I (Month, Da		28b. TIMI INJ		28c. INJU	JRY AT	26d. DESCRIBE HOW	V INJURY OCC	URED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At horace. (Specify)	me, farm, s	treet, fec	tory, office		281. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE									od. o cause(a) and manner as	stated.
TO BE	286. SIGHATURE AND TITLE OF CERTIFIES	7. M	.D.				29c. LICENSE NUI	MBER 7202	29d. DATE	SIGNED (Month, Day, Yea)r)

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993

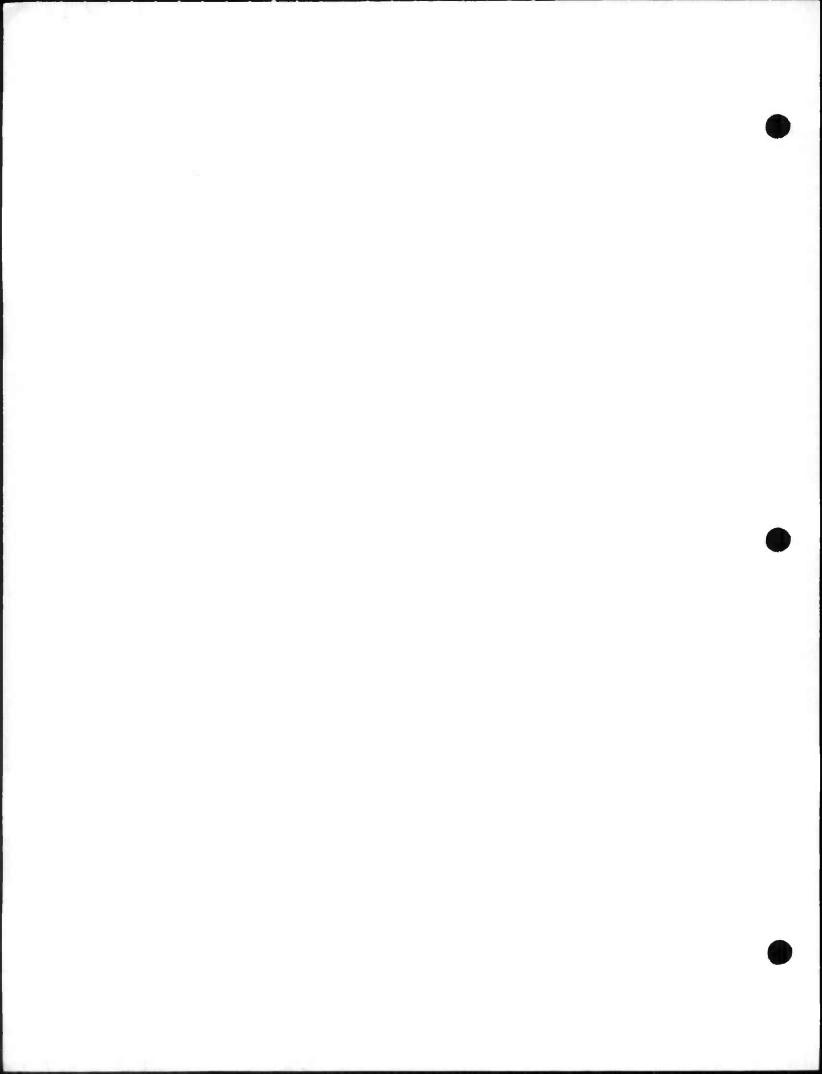
0 31. DATE FILED (Mor

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN		0 17000
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET	ELIZABETH	BAYLOR		June 3,	1993	M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bit	TTHPLACE (State or Foreign
	212-14-8424	1 🗌 M 2 💢 F	9 1 YRS.	NTHS DAYS HOURS MIN.	(Month, Day, Year) Sept 12	1901	Marvland
	9a. FACILITY NAME (If not institution, give a	itreet end number)	91	L CITY, TOWN OR LOCATION OF		9c. COUNTY O	
DIRECTOR	3735 Columbus	Drive		Baltimore	2		
EC	10a. STATE 10b. COUNT		10c, CITY, T	OWN OR LOCATION			10d. INSIDE CITY
E C	Maryland		233	Baltimore			LIMITS?
7	10e. STREET AND NUMBER			10f. ZIP CODE		10g CITIZEN O	₩¥YES 2 NO
FUNERAL	3735 Columbus	Drive		2121	5		JSA
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP			ACE — American Indian.
	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 V NO	If yes, specify Cuben, Mexic	can, Puerto Rican, etc.)	В	eck, White, etc.
Э ВУ							Black
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
۳۱	Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT use re				
×	Grade School 17. FATHER'S NAME (First, Middle, Lest)		Pacl				cal Co.
		L. L.			IAME (First, Middle, Maiden		
B	William Bennet 19a. INFORMANT'S NAME (Type/Print)	5.0	405 MAII ING 40		gie Holb		
2	Edward Carver			DRESS (Street end Number or Rure			
	20e. METHOD OF DISPOSITION	206	2111 F	East Preston		Balto Balto	MD 21213
	1 N Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State com	etery, crematory or other	place)	1		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	LDUCUS M	emorial Par	WOUTH PROT	timore	Co, MD
	> 10 D J	Le la H	_	2501 Gwynns Baltimore, M	Nutter Falls Parky	runeraı Vav	Homes, Inc.
	22 PART I Enter the discourse on	1 2 1 1000	هد	Baltimoře, M	aryland 21	216	
		List only one ceuse on es	ich line.	enter the mode of dying, su	ch as cardlec or reep	iratory arrest,	Approximete interval Between
1	IMMEDIATE CAUSE (Final disesse or condition	100	111				Onset and Death
- 1	resulting in death)	S. DUE TO (OR AS A	CONSEQUENCE OF):				
z		b.					
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate		CONSEQUENCE OF):				
S	CAUSE (Disease or Injury	c					
늗	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
E	To satisfy the death of the satisfy the satisfies the satisfy the	d					
AL C	PART II. Other significent condition	e contributing to deeth bu	at not recuiting in t	he underlying ceuse given is	n Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
2					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
밀					1 _ YES 2	₩ NO	OF DEATH?
=							1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	theck only one)		
Si I	1 NES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe		THER: Nursing Home 5 Tesidence	8 Other (Specify)		
ξI	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF	F 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Special	At home, ferm, atree	t, factory, office	28t. LOCATION (Street City or Town, State)	and Number or Run	Il Route Number,
	4 Homicide determined						
릴				the time, date end place, end du			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of examination	end/or investigation, is	my opinion, death occured at the	e time, date end place, en	d due to the ceus	e(s) end menner se stated,
шШ	296. SIGNATURE AND TIPLE OF CERTIFIER	11	0 1	29c. LICENSE NU	and the same of th	29d. DATE SIGN	ED (Morrin, Spin, Your)
TO B	13000 1	15 Jans	X 12	# D25	1228.	► É	15/92
-	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pro	1 me		1	7
				01.7			f
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				



DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Mours after death. Page 6 may be	ID THE PONETHAL'S RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	
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	REGISTRAR		CERTIF	ICALE OF	DEALH	REG. NO.		
	1. DECEDENT WILBERT	11+1er				2. DATE OF DEATH MONTH DA	Y YEAF	3. TIME OF DEATH
	to the later	JUTIER	41			June 8,	1993	M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		ITNPLACE (State or Foreign
	212-09-4718	W 2 🗌 F	92. YRS.	MONTHS DAYS	HOURS MIN.	Mar 17 19		Marvland
	9a. FACILITY NAME (If not institution, give street and	aumbed.	92	AL CITY TOWAL	OR LOCATION OF D		9c. COUNTY OF	
1	SE. PACIEITY NAME (II NOT INSTITUTION, GIVE STEER AND	number)		90. CHY, 10WN	ON LOCATION OF D	EAIN	9c. COUNTY OF	DEATH
Ö	Bon Secours Hospital			Balti	more			
5	RESIDENCE OF DECEDENT							
DIRECTOR	10s. STATE 10b. COUNTY		10c. CH	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
ā	Maryland		Ba	1timore				1 X YES 2 NO
7	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
18	1027 Brantley Avenue				21217		US	27
FUNERAL		S DECEDENT EVER I	NIIS ARMED	13 WAS DE		NIC ORIGIN? (Specify Yea		
I I	1 Never Married 2 Married FO	RCES? 1 TYES	2 X NO	If yea, a	pecify Cuban, Mexic	en, Puerto Rican, atc.)		ACE American Indian, ack, White, etc.
B	3 X Widowed 4 Divorced	YES, GIVE WAR OR C	DATES	1 🗆 YE	S 2 NO Speci	ly:	S¢	pecify:
	15. DECEDENT'S EDUCATION		I 44 DEGERENTIA	USUAL OCCUPAT	1011	16b. KIND OF BUS	I I	Black
COMPLETED	(Specify only highest grade complete	ed)	(Give kind of	work done during m	ost of working	190. KIND OF BUS	SINESS/INDOS I H	·
1 1 1		ga (1-4 or 5+)						
₽ E	High School		Pers	sonnel M	anager	Reads	s Drug 8	Chemical Co
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
임	Thomasine Baskervill	0	221 1	Jintors	Tano Ca	tonsville,	Marular	nd 21228
			b. PLACE OF DISPO				CATION — City of	
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Removal fro	m State	other place)					~
	4 Donallon 5 Other (Specify)	A	rbutus Me	emorial	Park	[Bali	timore (Co. Maryland
0	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF F	Nutter 1	Funeral	Homes, Inc.
	P 1	A 4 A		2501	Gwynns F	alls Parkwa	ay	
	Cherhant E.		data di abi			ryland 212		1 Assurantinian
	23. PART I. Enter the diseases, or compile shock, or heart fallure. List on			not anter tha m	ode of dying, su	on as cardiac or respi	iratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	1			\cap		1 -	Onset and Death
	disease or condition resulting in deeth)	F (2)	NO VI	2001	Your	ttoca	(120)	X 100 days
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):		* (1)		10
_								
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE O	F):				
AT	If any, lasding to immediate cause. Enter UNDERLYING							
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	f):				
Ē	resulting in death) LAST			,				
Į į	d							
	BART INOther eignificant conditions cent	ributing to death	unot resulting	in the underlyi	ng cause given i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	Wetasta	-10	2000	ANI	S Mr	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	115196101		CONC		4.0	1 🗆 YES 2	ZNO	OF DEATH?
×								1 TYES 2 NO
Ë								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/			PLACE OF DEATH (C	heck only one)		
S	1 YES 2 NO	PITAL:	tpatient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)		
_		Sa. DATE OF INJURY			JURY AT	28d. DESCRIBE HOW	INJURY OCCURE)
	1 Natural 5 Pending	(Month, Day, Year)	IN		YES 2 NO	CASA CHESAS IN		
M M	2 Accident Investigation	0- DI AGE OF IN HID	<u> </u>			001 1 00171011 (0)		- I Day to March -
Q	3 Suicide 6 Could not be 4 Homicide determined	Se. PLACE OF INJUR building, etc. (Spe	ecify)	street, ractory, on	PCB	26f. LOCATION (Street City or Town, State,		rei Houte Number,
	1 Hometon Catalinate							
72	29a. CERTIFIER (Check only	o the best of my know	wledge, death occur	red st lhe lime, da	ta and placa, end du	a to the ceuse(s) end me	nner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On t	he basis of axaminati	on and/or investigati	on, in my opinion,	death occured at th	e time, date and place, a	nd due to the cau	se(a) and manner as stated.
18	200 GIGNATURE AND TITLE OF CERTIFIER				I as a service of	MARKER	Land DATE GO	WED 445-44 Day 16-1
BE	SO SIGNATURE AND TITLE OF CERTIFIER	/	· ·	and	29c. LICENSE NI	D CZ	29d. DATE SIGN	MED (Month) Day, Year)
0	CALLISTIE!	ME	DING	1.77	1 1 >2	607	0	7 143
1	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF D	EATH (ITEM 27) (TO	a, Print)	11		111	211-2
	8000 W Z	17/62	Mar	2 5	HISC	SNOW	Ma	21223
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIG	NATURE					
1	111N 1 1 1002 A	Tanila A	Manda M.					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT				MENT	AL HYGIEN		93	17090
	1. DECEDENT'S NAME (First, Middle, Last								2. DA	TE OF DEATH			3. TIME OF DEATH
	Robert	Cole		D	ev				MOI	NTH DA		993	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le		IF UNDER	1 YEAR	IF LINDE	R 24 HRS.		06 0	/		12:14 P.M PLACE (State or Foreign
	217-40-2267	15€36M 2 □ F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	oth. Day Year)	4.2	Countr	y)
	9a. FACILITY NAME (If not institution, give			1110:						11 6	42		yland
œ	TAME (II THE HISBURGH, GIVE	street and number)			96. CITY,	TOWN O	R LOCAT	ION OF DE	ATH		9c. COU	INTY OF D	EATH
<u>0</u>	2202 Whittie	r Ave.			Ba	lti	mor	e Ci	tv				
DIRECTOR	10e. STATE 10b. COUN			100 CIT	Y, TOWN O								
E				7.4.0.00	.,								10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			Ba	alti	_							XX YES 2 □ NO
¥						101.	ZIP COD	E					HAT COUNTRY?
FUNERAL	2637 Franc	cis Stre	eet									USA	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	VES 2	NO	13. V	MAS DEC	ENDENT (OF HISPAN	IC ORIG	ilN? (Specify Yea o Rican, atc.)	or No-	14. RACE	- American Indian, White, etc.
Β¥	1 Never Married 2 Married 3 Widowed 45 Vivorced	IF YES, GIVE V	AR OR DATES	/ C =				Specify		o ricen, atc.)		Speci	
			-2/26/	65									DIACK
E	15, DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. Di	ECEDENT'S	USUAL OC work done d se retired.)	CUPATIO	N st of worki	na	11	Bb. KIND OF BUS	INESS/INI	DUSTRY	
W	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)			-	1				
COMPLETED	12th grade	1 vear	Fa	cto	CV W	ork	er						
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First	, Middle, Maiden	Surname)		
ш	Robert Cole						Er	nest	in	e Wall	ace		
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street ar	nd Numbe	r or Rural R	loute Nu	mber, City or Town	, State, Zip	Code)	21060
F	Ella Wells		2	211 1	Warf	iel	d R	oad	G.	len Bu	rni	e,Ma	21060 ryland
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSI	TION (Na	me of					City or To	
	71√2 Burlel 2 ☐ Cremetion 3 ☐ Res 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	cemetery, cri			- 0	020	6	1/1	2/93			
	21. SIGNATURE OF THERAIL SERVICE L	ICENSEE /		EIII				SS OF FAC					e, Md
	Heran	Har	rus										mor St.
	age any	1,			Le:	roy	Ha	rris	F	/H Bal	tim	ore,	Md 21217
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	. List only one cau	ise on each line	.	not antar	tha mod	da of dy	ing, auch	as ca	rdiac or respi	ratory an	rest,	Approximate Interval Batween Onset and Daath
	resulting in death)	a. CARDIAC A	OR AS A CONSE										
					F):								
CERTIFICATION	Sequentially list conditions,	b. CHRONIC A	(OR AS A CONSE		n.								
F	If any, leading to immediate cause. Enter UNDERLYING	DOE TO	(OU NO M COMPE	OUENCE O	r):								
유	CAUSE (Disease or Injury	C	(OR AS A CONSE	OHENCE OF	D.								
Ē	that initiated events resulting in death) LAST	00E 10	(ON AS A CONSE	OUENCE O	r):								
E		d											
U	DADT II. Other sleekleest as all like		death but not	rasultino	In the unc	deriving	Callas	alven In I	Part I	24s. WAS AN	WITOPEV	245	WERE AUTOPSY FINDINGS
	PART II. Othar algoriticant conditio	ns contributing to										240.	AVAILABLE PRIOR TO
_	PART II. Other algolificant condition	ns contributing to					00000	given in		PERFOR	MED?		
	PART II. Other aignificant condition	ns contributing to						given in	_	1 X YES 2			COMPLETION OF CAUSE OF GEATH?
MEDICAL	PART II. Other aignificant condition	ns contributing to						given in i	_				COMPLETION OF CAUSE
MEDICAL		ns contributing to						given in	_				COMPLETION OF CAUSE OF OEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				.01/15	28. PL		EATH (Che	_	1 X YES 2			COMPLETION OF CAUSE OF OEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		B 🗆 DOA	OTHER	28. PL	ACE OF D	EATH (Che	ock only	1 X YES 2	□ NO	57	COMPLETION OF CAUSE OF OEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 25a. OATE OF	ER/Outpatient 3	26b. TIM	4 Nursi	28. PL	ACE OF D	EATH (Che	ick only	1 X YES 2	□NO		COMPLETION OF CAUSE OF OEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL:	ER/Outpatient 3	26b. TIM	4 🗆 Nursi	28. PL	ACE OF D	EATH (Che	ick only	1 X YES 2	□NO		COMPLETION OF CAUSE OF OEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpettent 2 28e. OATE OF (Month, D) 28e. PLACE O	ER/Outpatient 3 INJURY ay, Year) FINJURY — At he	26b. TIM	4 Nursi E OF URY M	28. PL/:: Ing Home 28c. INJU WOF 1 Y	ACE OF D 5 R RY AT RK? ES 2	EATH (Che	28d. 00	1 X YES 2 One) Oer (Specify) ESCRIBE HOW IN	Var	CURED	COMPLETION OF CAUSE OF GEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1YES 2 _ NO 27. MANNER OF DEATH 1XNetural 5Pending 2Accidentinvestigation	HOSPITAL: 1 Inpettent 2 28e. OATE OF (Month, D) 28e. PLACE O	ER/Outpatient 3 INJURY ey, Year)	26b. TIM	4 Nursi E OF URY M	28. PL/:: Ing Home 28c. INJU WOF 1 Y	ACE OF D 5 R RY AT RK? ES 2	EATH (Che	28d. 00	1 YES 2 1 YES 2 Der (Specify) ESCRIBE HOW IN	Var	CURED	COMPLETION OF CAUSE OF GEATH?
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BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3 INJURY ey, Year) FINJURY — At he etc. (Specify) my knowledge, de	26b. TIM INJ ome, farm, s	4 Nursi E OF URY M street, facto	28. PL.: ing Home 28c. INJU WOF 1 Y Y ry, offica	ACE OF D 5 GR BRY AT RK? ES 2 GR Brid place	EATH (Che	28d. O	1 XYES 2 one (Specily) ESCRIBE HOW IN CATION (Street as y or Town, State)	Var UURY OCC	or Rural A	COMPLETION OF CAUSE OF OEATH? 1 X YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 27. MEDICAL EXAMIN	HOSPITAL: 1 Impettent 2 25a. OATE OF (Month, D) 25a. PLACE Of building, BICIAN: To the best of exercises of exercises.	ER/Outpatient 3 INJURY ey, Year) FINJURY — At he etc. (Specify) my knowledge, de xamination and/or	26b. TIM INJ ome, farm, s	4 Nursi E OF URY M street, facto	28. PL.: ing Home 28c. INJU WOF 1 Y Y ry, offica	ACE OF D 5 ROUNTY AT RRY? ES 2 Rand place ath occur	NO N	28d. Old 28d. LO Cito the cottone, de	1 XYES 2 Der (Specily) ESCRIBE HOW IN CATION (Street as y or Town, State) Buse(a) end manuta and place, and	Various Number as stated due to the 29d. OAT	or Rural R	COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO Dute Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER COULD A CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 28a. OATE OF (Month, D) 28a. PLACE O building, SICIAN: To the best of ER: On the basis of exercises The Completed Cause	ER/Outpatient 3 INJURY ay, Year) F INJURY — At he etc. (Specify) my knowledge, de xamination and/or BE OF OEATH (ITE	26b. TIM INJ ome, ferm, s eath occurre investigatio	4 □ Nursi E OF URTY M street, facto ad at the tin n, in my op	28. PLJ: Ing Home 28c. INJU WOF 1 Y Pry, offica	ACE OF D 5 R JRY AT RKY ES 2 [and placa ath occur 29c. LICI	NO N	28d. Oil 28d. Oil 28d. Oil 28f. LCCCit	1 XYES 2 one) or (Specify) ESCRIBE HOW IN CATION (Street at y or Town, State) suse(a) end manufa and place, and	Varius No Number as stat due to the 29d. OAT	or Rural R	COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO Oute Number, and manner as stated. (Month, Day, Year) 7 / 1993
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a. OATE OF (Month, D) 28a. PLACE O building, BICIAN: To the best of enterprise of enterp	ER/Outpatient 3 INJURY ay, Year) F INJURY — At he etc. (Specify) my knowledge, de xamination and/or BE OF OEATH (ITE	26b. TIM INJ ome, farm, s eath occurre investigatio	4 □ Nursi E OF URTY M street, facto ad at the tin n, in my op	28. PLJ: Ing Home 28c. INJU WOF 1 Y Pry, offica	ACE OF D 5 R JRY AT RKY ES 2 [and placa ath occur 29c. LICI	NO N	28d. Oil 28d. Oil 28d. Oil 28f. LC Cit	1 XYES 2 Der (Specily) ESCRIBE HOW IN CATION (Street as y or Town, State) Buse(a) end manuta and place, and	Varius No Number as stat due to the 29d. OAT	or Rural R	COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO Oute Number, and manner as stated. (Month, Day, Year) 7 / 1993

TO THE HOSPITAL OR AT EXDUSTED THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR AME, this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR								9	3 1	709	
_	1 - STATE REGISTRAR	STATE OF N	/MARYLAND /	DEPARTM ERTIFICA				TAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH	DAY	3. 1	IME OF DEA	VТН
		Rubin	Ford	Bard			Jui	ne 10	199	3 7	:30	PW
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	//	UNDER t YEAR	IF UNDER 24	HRS. 7. DA	TE OF BIRTH		8. BIRTHPLA Country)	CE (State or F	oreign
	213-30-2517	1 📉 M 2 🗌 F	61	YRS. MON	THS DAYS	HOURS &		6/10/3	32		land	
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b.	CITY, TOWN	OR LOCATION		-		TY OF DEATH	The second second	
DIRECTOR	11411 Glen Ar	m Road	210	57	Glen	Arm			Ba	1timo	re	
l m	10a. STATE 10b. COUNTY	,		10c. CITY, TO	WN OR LOCA	TION				10d	. INSIDE CIT	Y
5	Maryland	Baltim	ore			G1	en A	rm		1.5	LIMITS?	1 NO
4	100. STREET AND NUMBER				10	H. ZIP CODE			10g, CITIZ	EN OF WHAT		,
FUNERAL	11411 Glen Arm	Road					2105	7		USA		
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DEC			GIN? (Specify Y	ha ov No	14. RACE — /	madese Ind	Han
	The state of the s	FORCES? 1 IF YES, GIVE W	YES 2 YA	10	If yes, s	pecify Cuben, N	Mexican, Puer		as or No	Black, Wh	ita, atc.	1007
B	3 Widowed 4 Divorced	W 123, GIVE W	AN ON DATES		T YES	X 2 X NO	Specify:			Specify:	Whit	^
COMPLETED	15. DECEDENT'S EDUC		16a. DE	CEDENT'S USU	AL OCCUPATI	ON		16b. KIND OF B	USINESS/INDI	JSTRY	WILL	
1 10	(Specify only highest grade Elementary/Secondary (8-12)	College (1-4 or 5	(Gi	ve kind of work of Do NOT use reti	done during m ired.)	ost of working						
. 로		4		al Est	ate	Broke	r	Comme	rcia	1 Rea	1 Eq	tat
S	17. FATHER'S NAME (First, Middle, Last)			1 100		_		st, Middle, Malde		I Red	1 113	tat
	Benjamin	Bard					Hele		hiff	nor		
3 0	19a. INFORMANT'S NAME (Type/Print)	Dara	198	. MAILING ADD	RESS (Street	and Number or I					_	
일	Catherine A.	Ford Ba		1411 (Glen A			057	
3	20a. METHOD OF DISPOSITION	rord ba		ND DATE OF DIS								
	1 Burial 2 X Cremation 3 Ramo	oval from Stata	cemetery, cre	matory or other p	lace)	ame or	(1:		OCATION — C			
	21. SIGNATURE OF FONERAL SERVICE LC	ENSEE 20	Metro	Crei		Y, ITC		TT 1	Balti	nore,	MD	
	ser 2	- The	me		Crem	ation	Soc:	iety d	of Md	In	c.	
	George E.	MacNab	b		299	Frede	rick	Road	Balt.	o., M	D 21	228
	23. PART i. Enter the diseases, or c	omplications the	t ceused tha de	ath. Do not e	nter the mo	oda of dying,	, auch aa c	erdiec or ras	piratory arre	st,	Approxim	
	shock, or haert failure. I	List only one cau	se on each line							i	Interval B Onset an	
	disease or condition	RENT	14 Ci	2/ (141	FR				į		
	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE OF):	1100							
z										j		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF):								
1 5	cause. Enter UNDERLYING									ĺ		
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF):						+		
듄	resulting in death) LAST	Le								ļ		
. 8												
¥	PART II. Other significent conditions	contributing to	death but not re	suiting in th	e undarlyin	g ceuse give	n in Part i.	24a, WAS A	N AUTOPSY DRMED?		E AUTOPSY F	
18								1 TYES		COM	PLETION OF	
핗	l										YES 2	NO
1 -												
3	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEAT	H (Check only	one)				
S	EXAMINER?	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	DOA AD	HER:	ne 5 M Reside						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME OF		URY AT		DESCRIBE HOW	INJURY OCC	IRED		
	1 Natural 5 Pending	(Month, Di	ay, Yoar)	INJURY	WC	ORK? YES 2 NO	11107			10.00		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hor	ne, ferm, street,				OCATION (Street	and Number	y Rural Brusta	Number	
	4 Homicide 6 Could not be	building,	etc. (Specify)	, , , , , , , ,			0	ity or Town, Stati	e)	nurer moute	eurricol,	
COMPLETED	29a. CERTIFIER			7.071100		_::-						
MP	(Check only											
Ö	2 MEDICAL EXAMINE	COn the basis of a	camination and/or is	nvestigation, in	my opinion, o	leath occured a	at the time, d	ate and place, a	ind due to the	cause(s) and	manner as s	stated,
ш	296, SIGNATURE AND TITLE OF CERTIFIER	A				29c. LICENS	-		29d. DATE	SIGNED (Mor	th, Day, Year)	
0 8	L6-61				-	PZ	773	0	D (06/11	/93	
1 =	36 NAME AND ADDRESS OF PERSON WHO	COMPLETED AND								, , , , , ,	1 1 3	

N. Charles St.

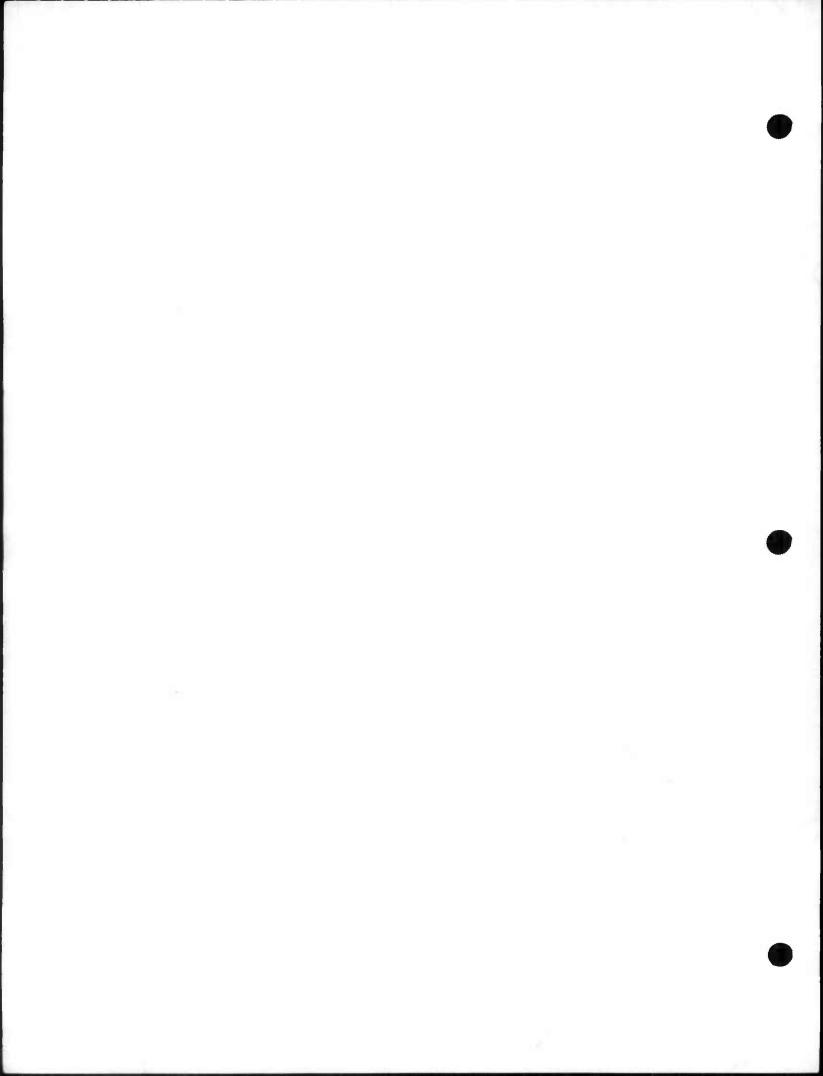
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 6565 N.
32 REGISTRAR'S SIGNATURE

Gary I. Cohen,
31. DATE FILED (Month, Day, Year)
JUN 1 1 1993

MD 21204

Towson,



6. BIRTHPLACE (St.

9c. COUNTY OF DEATH

RACE Black

REG. NO.

2. DATE OF DEATH

6-9m23 7. DATE OF BIRTH (Mooth, Day, Year 5. SEX last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not it 9b. CITX: TOWN OR MOCATION OF DEATH FUNERAL DIRECTOR RESIDENCE 10b. COUNTY 16c. CITY TOWN, DRALOCATION 100. STREET AND NUMBER 10-10f. ZIP CODE 뀰 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-II yea, apecify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 1 Never Married 2 Married im 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ecify only highest grade compl nours after death. Page 6 may be retained by the hospital or n by the funeral director, page 5 should be detached for removal. ge (1-4 or 5 +) notified at once. 2 Pe PLACE AND DATE OF DISPOSITION 20st LOCATION DATE examiner must netion 5 Other (Specify) medicai 23. PART I. Entar the diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by 6 IMMEDIATE CAUSE (Final completely filled rrial, cremation, o the state of Ca Endmetring disease or condition HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) other traumatic event. DUE TO (OR AS A CONSEQUENCE OF): attending physician and con ntal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 cate has been signed by the atter State Oept. of Health and Mental I Item 23 shows any Injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? TO THE FUNERAL OR ALTERNAMO TO THE FUNERAL ORECTOR. After this certificate has be filed within 72 hours after death with the State Oet IMPORTANT: If Item 28 is marked, or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: TO YES DE NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dets and piace, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dets and piace, and due to the cause(s) and menner as stated. (Check only one) 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER rede hour 6282 MD 2 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) know zew. PRICHA M.1 SCOTT 517

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

1

1003

1. DECEDENT'S NAME (First, MIGGIS, Last)

1 -

BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10d. INSIDE CITY YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Baltimare

Interval Between

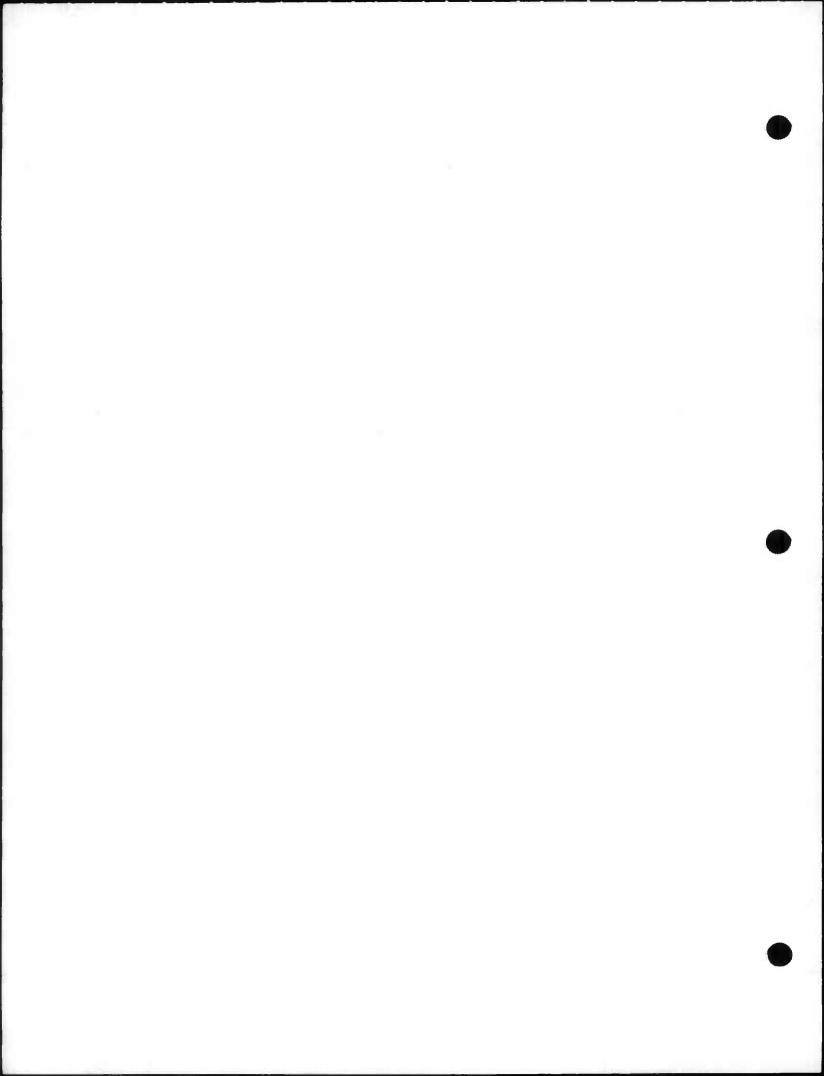
Onset and Death

O YM.

WHAT COUNTRY?

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygher perfort to burial, cremation, or removal. In removal, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT (CERTIFICATE (MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last	1 D			2. DATE OF OEATN	DAY	3. TIME OF DEATH
	EleNor	6 Barre	1		6		93 1/39 0 M
	4. SOCIAL SECURITY NUMBER 220 - 18 - 3 4 0 5	5. SEX . 6. AGE (In yrs. In		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
e e	80. FACILITY NAME (If not institution, give	street and number)	96. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATN
디	RESIDENCE OF DECEDENT	TV	10c. CITY, TOWN OR L	COATION		1 4/4	
L DIRECTOR	MARY/AND		BAITI	nove			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	25 Lincol	v Ave.		2/22	18	4	N OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO If yo	S OECENDENT OF NISPA s, specify Cuben, Mexic YES 2 NO Spec		ee or No—	I. RACE — American Indian, Black, White, alc. Specify:
ED E	15. DECEDENT'S ED	UCATION 460 D	ECEDENT'S USUAL OCCU	TATION.			BIACK
	(Specify only highest grad	fe completed) (I	Give kind of work done during. Do NOT use retired.)	PATION ig most of working	16b. KIND OF B	USINESS/INDUS	A
COMPL	17. FATNER'S NAME (First, Middle, Last)		CICIC	18 MOTNER'S N	AME (First, Middle, Maide	a Summary	//
6 m	HArry JA	c.Kson		EAN	nie E	7	TOANEU
TO BI	19a. INFORMANT'S NAME (Type/Print)	10 100/00 11	9b. MAILING ADDRESS (St	reet and Number of Rura	Route Number, City or To	wn, Stafe, Zip Co	ode)
2	20a. METNOD OF DISPOSITION	E JACKSON ,	25 LINC	IN AV	BAITO- G	mo	1. 21228
	1 Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	remetory of other place)	N (Name of	1 DAJE 20c. L	BON /7	y or Town, State
	21. SOMATURE OF FUNERAL SERVICE L	ICENSEE		E AND ADDRESS OF F	WOLITY C	111100	M Home
CAGINE	* xasesh	L. Pins	100	SON AIR	15 46 4	RA	14/2 12/21
	23. PART I. Enter the diseases, or	complications that caused the d	leath. Do not enter the	mode of dying, su	ch es cardiec or ree	piretory arree	t, Approximate
	shock, or heart failure.	. List only one cause on each lin	le.				Interval Between Onset end Death
5	disease or condition resulting in death)	Conon	any a	Hach	12 rear	•	J. 100. 0110 Double
		DUE TO (OR AS A CONSE	EQUENCE OF):		*		
NO	Sequentially list conditions,	b. OUE TO (OR AS A CONSE		steg	a sea		
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (ON AS A CONSE	EUOBACE OF):				
TIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EQUENCE OF):				
HH	resulting in death) LAST	d					
	PART II. Other significant condition	na contributing to death but not	regulting in the under	luing cause alves is	Port I Ou uno a	N ALETTORION	
1 6 1	Azk	to mellita	4	lynig cause given ii	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDIC					1 TYES	2 🗍 NO	OF DEATH?
<u> </u>							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATH (C	heck paly one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTHER:	Nome 5 - Residence			
H	27. MANNER OF DEATN	26s. DATE OF INJURY	26b. TIME OF 28c	INJURY AT	28d. OESCRIBE NOW	INJURY OCCUP	RED
Β¥	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 1	WORK?			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI he building, etc. (Specify)	ome, ferm, streel, tactory,	office	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	SICIAN: To the best of my knowledge, de ER: On the bests of examination and/or	eath occurred at the time,	date and place, and du	a to the cause(a) and ma	nner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE						
BE	//	lehen .		000 G		29d. DATE \$	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF GEATN (ITE	EM 27) (Type, Print)			/	
	31. DATE FILEO (Month, Day, Year)	PSZ REGISTRAR'S SIGNATURE THE DAVIDON HOND	The many				
17	JUN 1 1 1993	Julia Davidson-Rand					

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I			CI	EKIIF	ICATE U	F DEAT	Н	REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, La					-		2. DATE OF DEATH	W 1000	YEAR	3. TIME OF DEATH
	Melvin BEC							June 10	1993	3	10:58
Ĭ	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		MONTHS DAY		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
J	213-01-3892 Sea. FACILITY NAME (If not institution, give	1 M 2 F	76	YRS.			.05	May 2,19	-		
		·			96. CITY, TOW				9c. COUNT	Y OF DE	ATH
2	Franklin Sq	uare Hospi	tal			Rossv	ille		Ba	alti	more
- CINECION	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LO					T	10d, INSIDE CITY
	Md.	Baltimor	е			Balti	lmore				LIMITS?
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	_	AT COUNTRY?
	431 0	1d Home Ro	ad				21	206	ī	JSA	
	11. MARITAL STATUS	12. WAS DECEDEN	FEVER IN U.S. AR	MED				ORIGIN? (Specify Yes Puerto Rican, atc.)		4. RACE	- American Indian, White, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					Specify:	Puerto rican, atc.)	- 1	Specify	:
	15. DECEDENT'S E	DICATION	144. 00	05001710	USUAL OCCUPA			T			hite
	(Specify only highest gri	ade completed)	(G	ive kind of w	vork done during	most of workin	g	16b. KINO OF BUS	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)								
	17. FATHER'S NAME (First, Middle, Last)			wei	der	18. MOTA	ED'S NAM	E (First, Middle, Maiden	Sumana)	_	
	Fred Beckm	າກ									
20	19a. INFORMANT'S NAME (Type/Print)	dII	19	b. MAILING	ADDRESS (Street			ian Chr	istoph	er	
	Sabina Be	ckman		43	01d	Home R	load	Baltimo			1206
	20s. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	OF DISPOSITION	(Neme of		OATE 20c. LO	CATION — CI	ly or Tow	n. State
	1 Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, cre	metory or ot			61		iltimo		
	21 SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 11	-0 01	22, NAME	AND ADDRES	S OF FACE	LITY	-	o co	- 12
		Firme	1 11		Com	nellyF	uner	alHome 30	OMaceA	we.	21221
HILLCALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b Server	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF	CM	m	in	fine h	eri E. G.	a Z	ing
	resulting in deetin) EAST	0. ATTL	erosi		1 1 1	ca	an	tours	سو		
	PART II. Other significant conditi	lone contributing to	death but not r	esulting is	n the underly	Ing cause o	Iven in P	ert I. 24a, WAS AN	ALITOPSY	24h V	VERE AUTOPSV FINE
MEDICAL CE	PART II. Other significant condition	lone contributing to	death but not r	esulting l	n the underly	Ing cause g	Iven in P	nrt I. 24a. WAS AN PERFOR	MED?		WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		N N N N		26. OTHER:	PLACE OF DI	EATH (Check	PERFOR	MED?		WERE AUTOPSY FINE WARLABLE PRIOR TO COMPLETION OF CAL P DEATHY YES 2 NO
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DE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HET 27. MANNER OF DEATH 1 Hertural 5 Pending Investigation 2 Accident Investigation 3 Suircide 6 Could not 8 determined 4 Hemicide 6 determined 28s. CENTIFIER CRECK DRIP 1 CENTIFYING PH CONC. DRIP 1 CENTIFYING PH OTHER 1 AND TITLE OF CERTIF	HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, Date) 28a. PLACE Of building. YSICIAN: To the best of axions of exister	ENJURY — At horte. (Specify) TinyURY — At horte. (Specify)	26b. TiMe inul me, farm, s	26. OTHER: 4 Nursing H E OF URY M 1 treet, factory, of	PLACE OF DI ome 5 Re NJURY AT WORK? YES 2 Tice ste and place, , death occurr	NO 2 and due to dat the tire	PERFOR 1 YES 2 North Control of the Control of the Course(a) and merme, data and place, and place, and place, and place of the Course of the Course (a) and merme, data and place, and place of the Course (b) the Course (c) and merme, data and place, and place of the Course (d) and merme.	NJURY OCCU	RED Rural Ro	WAILABLE PRIOR TO COMPLETION OF CASE OF DEATH? VES 2 No. 1 No. 2

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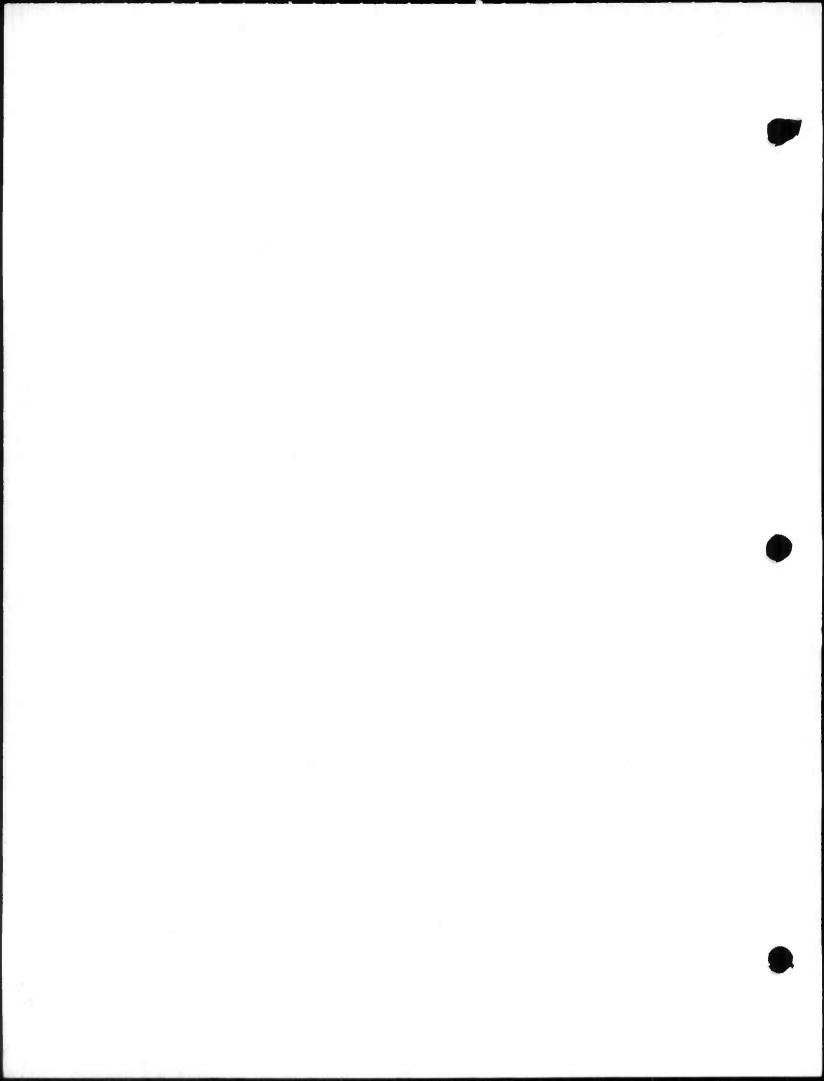
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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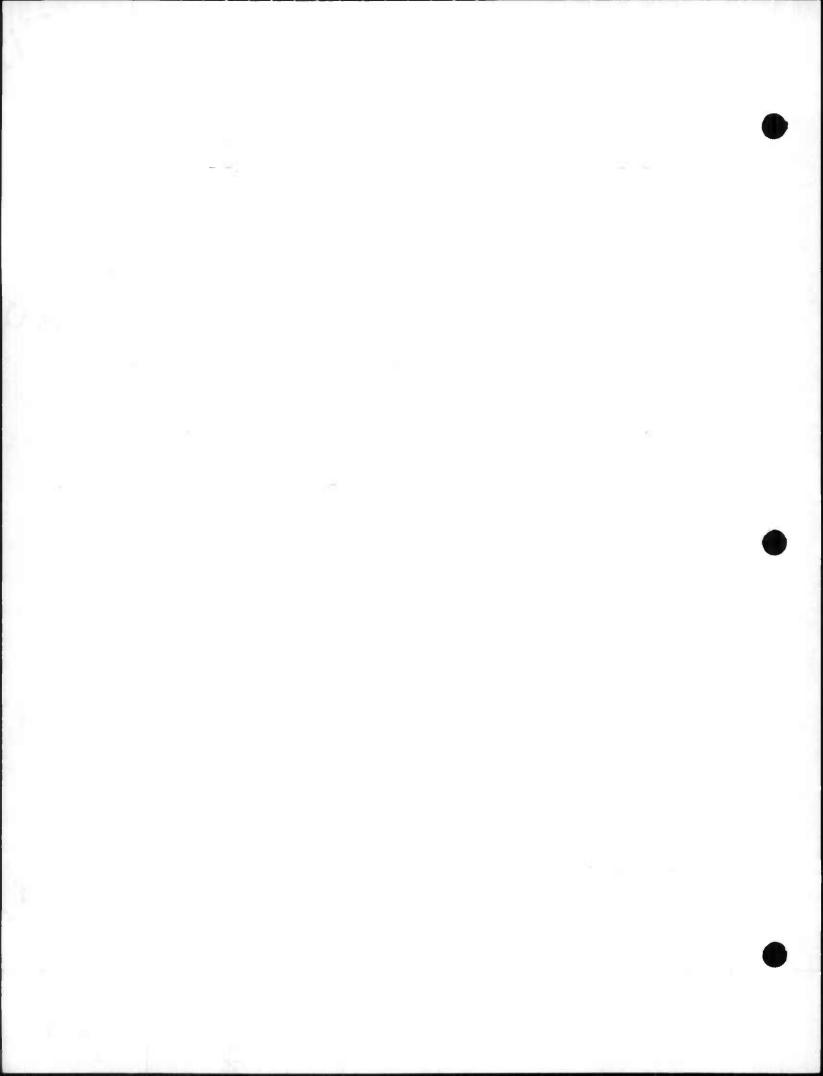
	1. DECEDENT'S NAME (First) Herman	, Middle, Last)	s.	F	3rook	c					2. DATE	0F DEATH	, ,	YEAR	3. TIME OF DE	
	4. SOCIAL SECURITY NUME	BER	5. SEX		(In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.) 	A BIRTH	10:50 PLACE (State or	A. M
	226-16-7709)	1 🔀 M 2 🗌 F	74		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH h, Day, Year) 05-1919	a	Country	ginia	roronyn
	9a. FACILITY NAME (If not in		street and number)				9b. CITY	TOWN	OR LOCATI	ON OF DI		75 171.		NTY OF DE		
DIRECTOR	3126 Harvie		nue				Bal	tim	ore (City			N/			
<u>iii</u>	10a. STATE	10b. COUNT	Y	-		10c. CITY	Y, TOWN C	R LOC	ATION						10d. INSIDE CI	ГҮ
	Maryland	N/A	A			Ba	ltim	7 "	City						LIMITS?	
RA	3126 Harvie	7							Of. ZIP COD						HAT COUNTRY	•
FUNERAL	11. MARITAL STATUS	w Aver	12. WAS DECEDEN	IT EVED I	N. I. C. A.D.	450	40		21234					.S.A		
B⊀	1 Never Married 2 X 3 Wildowed 4 Divo		FORCES?	X YES	2 NO			f yes, a	pecify Cube S 2 XNO	n, Maxica	n, Puerto	I? (Specify Yea Rican, etc.)	or No-	Specifi Whi	— American In White, atc. y: te	dian,
邑	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)		16a. DEC	EOENT'S	USUAL O	CUPAT	TION nost of worldi	107	168	. KIND OF BUS	SINESS/IND	USTRY		
TEI,	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	life. I	Do NOT us	e retired.)									
COMPL	9th Grade 17. FATHER'S NAME (First, M	Intelle I was			War	ehou	se		1			luto Si		er		
												Middle, Maiden	Surname)			
H	Harry Brook				106	MAILING	ADDRESS	(Ctm at			Bro	OKS ber, City or Town	D. 1. Tr.	0.11		
임	Mary E. Bro														d 21234	t
	20a. METHOD OF DISPOSIT	ION		201	. PLACE A	NDDATEC	F DISPOS	ITION/A	Vame of	ide,	DAT		CATION —			k .
	1 Donation 5 Other		oval from Stata	cen	netery, crem	Mou	ner place) nt C	eme	tery		6/1				Marylar	n
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				22.	NAME A	AND ADDRE		CILITY					
	Den	the	M. 1	200	de	M	Jol 64	nn (C. Mi Belai	ller r Ro	, In	c. Baltim	ore.	Mars	zland 2	1206
ATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY!	lona, dieta	a. ADEN DUE TO OUE TO	O CA	RU A CONSEÓ	NO!	20	VI	NKNTHA	DWI	J F	Rim s)s	HRY			Between nd Death
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in death) LAS	יי	oue to	(OR AS A	A CONSEO	UENCE OF	7):									
	PART II. Other significa	nt condition	s contributing to	deeth b	out not re	aulting is	n the un	derlylr	ng cause g	lven in	Pert I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
MEDICAL											_	PERFOR			AVAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	CAUSE
ż											_					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		PLACE OF D	EATH (Ch	eck only or	ne)				
YSI	1 - YES 2 NO		1 Inpatient 2		patient 3 [DOA			me 5 A	aldence	6 Othe	r (Specify)				
ВУ РН		Pending Investigation	28a. OATE OF (Month, E			28b. TIME INJ		W	JURY AT ORK? YES 2] NO	26d. DES	CRIBE HOW II	JURY OCC	CURED		
		Could not be determined	28a. PLACE C building,	otc. (Spec	f — At hom	ie, farm, s	treet, facto	ory, offi	ca		28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,	
COMPLETED			CIAN: To the best of e												end manner ea	stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	500		<u></u>	~	2		29c, LICE	AD	BER 7		29d. OATE	10	Month, Day, Year)
임	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Type,	Print)				/-			10	/ >	_
	Ravi Krishna 31. DATE FILED (Month, Day,	n, M.I	0., 821 N	V. Et	ıtaw	Stre	et,	Bal	timo	æ, l	Mary.	Land 2	L201			
121	11111 4 4 20	<u> </u>	Luca Sanda	A SIGN	nde 12	3										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



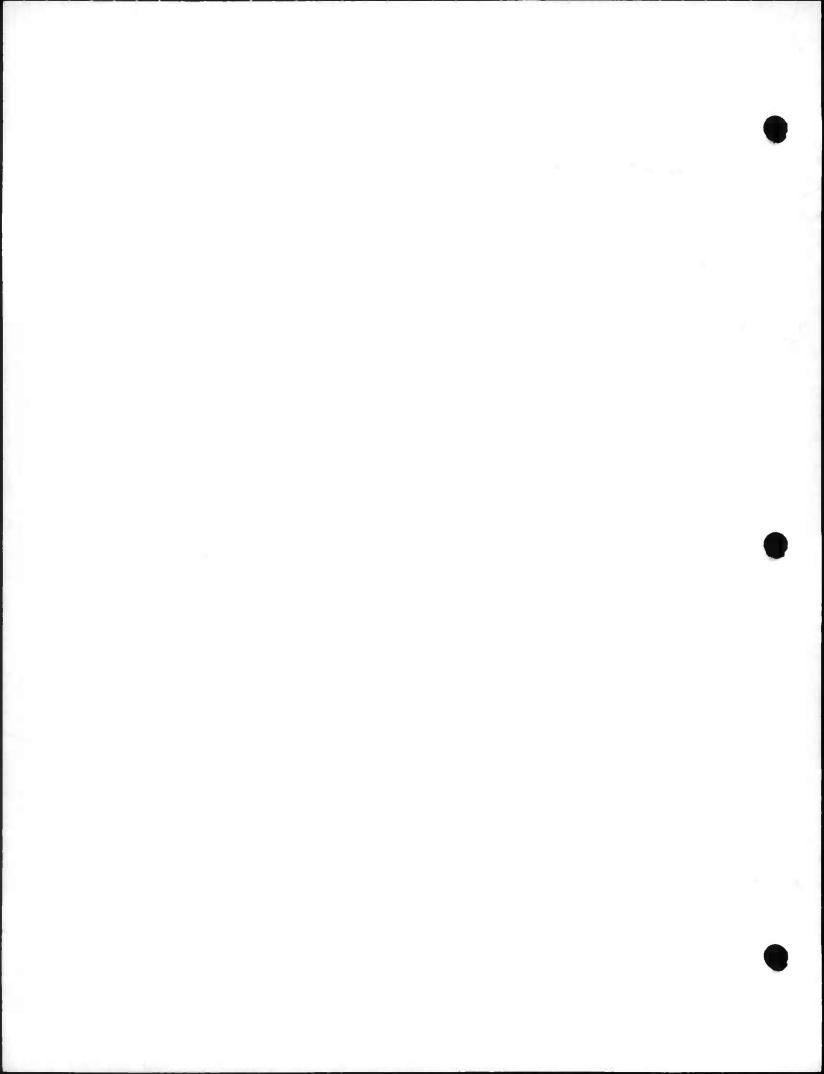
BALTIMORE, MARYLAND 21215-0020	or death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	I examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOWE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		55 1709
1000	1. Decement's NAME (First, Middle, Last	Joseph Joh	n Bartnish	ry	2. DATE OF DEATH MONTH 1 06/07/93		S. TIME OF DEATH
100	4. SOCIAL SECURITY NUMBER 231 № 1 2 44 9 2 2 2	1 2 F 7	O YRS. MON		7. DATE OF BIRTH (Month, Day, Year) 1 - 4 - 1 9 2	0, 1	BIRTHPLACE (State of Foreign Country) Pennsylvania
HOT	Baltimore VA Me RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF BALTIMORE	CITY	9c. COUNTY	OF DEATH
DIRECTOR	Maryland 10b. coun	Baltimor	72.0	WN OR LOCATION DE	ındalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	826 Jeanette A			101. ZIP CODE	1222		OF WHAT COUNTRY? United States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 XNO Spe	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	lone during most of working red.)		JSINESS/INDUST	s Hospital
COM	17. FATHER'S NAME (First, Middle, Last) Anthony Bartnis	ku	Jewa	18. MOTHER'S	NAME (First, Middle, Maidee ia Kulwicki	n Surname)	· nospame
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Jean Bartn			ness (Street and Number or Plun anette Avenu	al Route Number, City or Tox	wn, State, Zip Coo	
	20a. METHOD OF DISPOSITION 1 Second Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	moval from State ceme	PLACE AND DATE OF DIS elery cremetory of other of Gans of Fo	ith Cemetery	6/10/98 E	Baltimo,	re, Maryland
	21. SIGNATURE OF FINERAL SERVICE L	E Perl		22. NAME AND ADDRESS OF Duda-Ruck Full 7922 Wise Av	reral Home	of Dune	dalk, Inc.
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	. List only one cause on ea	RATORY CONSEQUENCE OF A	Fail Ut		ilratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death bu	it not resulting in th	e underlying csuse given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	28. PLACE OF DEATH (Check only one)		
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outpo		HER: Nursing Home 5 - Residence			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	êD .
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street	factory, office	281. LOCATION (Street City or Town, State	end Number or R	lural Route Number,
COMPLETED		SICIAN: To the best of my knowle IER: On the beels of examination					ruse(e) and manner se stated.
BE	296. SHAMATURE AND TITLE OF CENTIFIE			29c. LICENSE N	UMBER 76	29d. DATE SIG	GNED (Month, Day, Year)
010	NO HAND AND ADDRESS OF PERSON W	TZ SO	Or Clap	St. Ba	+ IMA	2	1201
1	JUN 1 1993	Julia Devidson-A	TURE	· · · · · · · · · · · · · · · · · · ·			



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	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		D MENT	AL HYGIEN REG. NO		
108	1. DECEDENT'S NAME (First, Middle, Last) CHARCE	S CA	RR			2. DA'	TE OF DEATH	2/9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/3 - 42-407/	1XXM 2 □ F	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	i. (Mo	E OF BIRTH with, Day, Year)	a	HATHPLACE (State or Foreign ountry) Maryland
OR	90. FACILITY NAME (If not institution, give so University Hospit				on Location of 1timore			9c. COUNTY (
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CIT	TY, TOWN OR LOC					10d. INSIDE CITY
	Maryland		F	Baltimor					1 YES 2 NO
ERAL	1334 Mosher Stre	et		1	or. ZIP CODE	217			OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, s	CENDENT OF HIS pecify Cuban, Mea S 2 NO Spe	PANIC ORK		s or No— 14, F	USA RACE — American Indian, Black, White, etc. Specify:
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S (Give kind of life, Do NOT u	B USUAL OCCUPAT work done during n	TION nost of working	1	Sb. KIND OF BU	SINESS/INDUSTR	Black W
COMPL	High School 17. FATHER'S NAME (First, Middle, Lest)		We1	der					el Corporat:
BE C	Ewell Carr						. Middle, Maiden idqley	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street	and Number or Ru	rel Route Nu	mber, City or Tow		
	Curtis Ringgold 20a. METHOD OF DISPOSITION	1:	7421	Sudbroo of DISPOSITION (7	CATION - City of	
	1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	lovel from State	cemetery, crematory or o	Star C	emeter	v 6/	9 Ba	ltimor	e. Marvla
	21. SIGNATURE OF FUNERAL SERVICE LIN	L E.N	itter	22. NAME / 2501	Gwynns imore, N	FACILITY	Nutter s Parkw	Funeral	1 Homes, Inc
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARD	lo VAS	CULF	RE	ALL	IRE		Approximate Interval Betwee Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	CEAL B A CONSEQUENCE OF THE STATE OF THE S	Blt ABu!	SE E	VG			
3AL	PART II. Other significent condition	enal 1			ng cause given	in Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO
MEDI	770070		7 (2 -	r L			1 TYES 2	De Mo	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	PLACE DF DEATH				
ву РНУ	27. MANNER OF DEATH 1) Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. Tile	ME OF 28c. IN W	JURY AT ORK? YES 2 ND	28d, D	ESCRIBE HOW I	NJURY OCCURE	
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	IRY — At home, farm, pecify)	street, factory, offi	ca	281, LC	CATION (Street a ty or Town, State)	and Number or Ru	iral Route Number,
COMPLET		CIAN: To the best of my kn							rse(a) and manner as stated
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	m m		ER N	29c. LICENSE P	NUMBER		29d. DATE SIG	NED (Month, Day, Year)
	University a	MARY	LAND		PART	MEY	VT OF	ME	DICINE
	31. DATE FILED (MONTH, Day, Yelfr) - JUN 1 1 1993	32. REGISTRAR'S SI	And M.						
		U							DHMH-16 F



1 -

FOR STATE REGISTRAR

KELLY

1. DECEDENT'S NAME (First, Middle, Last)

Tiara

1993

3. TIME OF DEATH

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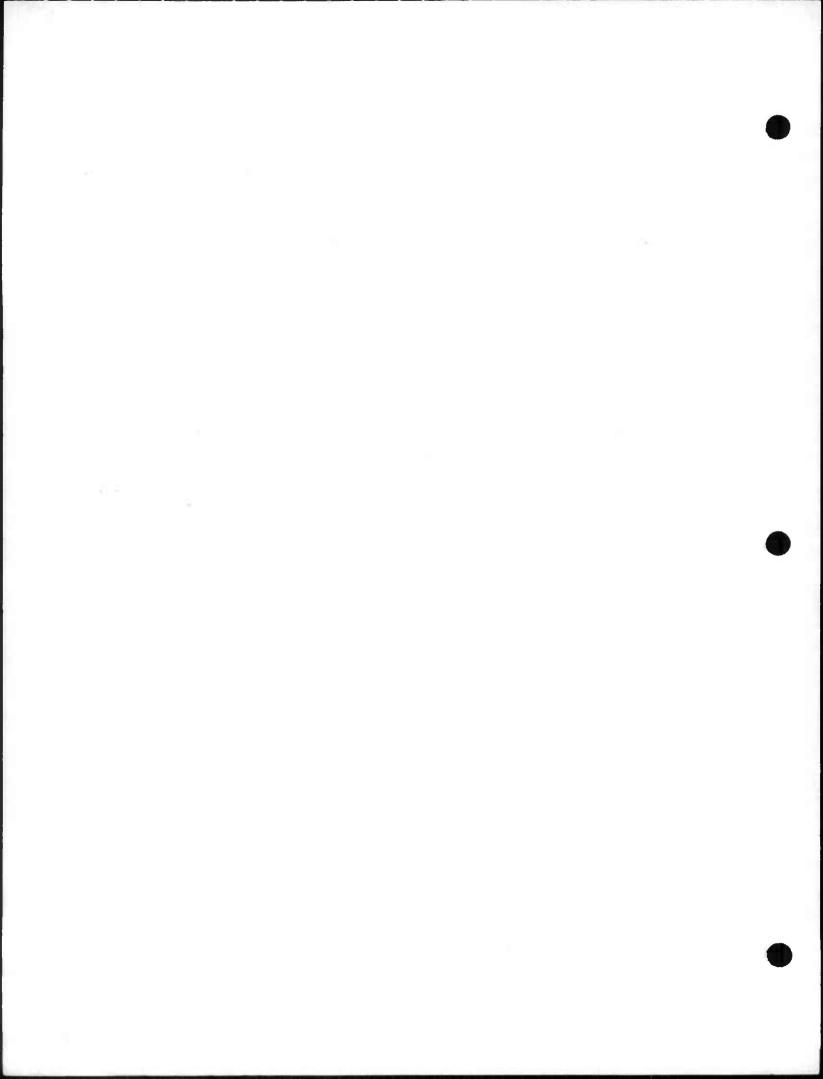
2. DATE OF DEATH MONTH DAY

(B		5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR		R 24 HRS.		OF BIRTH		B. BIRTHPL	NCE (State or Foreign
	213-13 0369	1 □ M 2 # F	6	YRS.	MONTHS DAYS	HOURS	MIN.		28/86		Country)	MD.
_	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCAT	ION OF DE			9c. COUNT	TY OF DEAT	
DIRECTOR	UNIVERSITY H	OSPITAL			BAL	TIMO	RE			<u> </u>		
350	10e. STATE - 10b. COUN			10c. CIT	r, TOWN OR LO	ATION					10-	d. INSIDE CITY
	Md				Balti	more					4	LIMITS? YES 2 NO
ĭAL	10e. STREET AND NUMBER	1 0				10f. ZIP COD				10g. CITIZE	EN OF WHA	T COUNTRY?
FUNERAL		sbury Ct					2123	0			US	A
BY	11. MARITAL STATUS 1 Prover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	If yes,	ECENDENT (specify Cubi ES 24E NO	sn, Mexica	n, Puerto F	? (Specify Yes Rican, atc.)		Black, W Specify:	American Indian, hite, atc. American
PLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)			DECEDENT'S (Give kind of vite. Do NOT us	USUAL OCCUPA rork done during e retired.)	TION most of worki	ing	16b.	KIND OF BUS	BINESS/INDU	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	MF (First A	fiddle, Maiden	Sumamal		
w II	Kurt	Commander						elis		impson	n	
10 B	19e. INFORMANT'S NAME (Type/Print)		-1		ADDRESS (Street						Code)	
F		pson		263	Maisb	ury C	t. B	altin	nore,	Md,	21230	
	20g METHOD OF DISPOSITION 1 # Burlel 2 Cremation 3 Re	moval from State			PER DISPOSITION			OATE		CATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	Drui	d Rid	ge 6/8	/93 AND ADDRE	00.07	00.1=	P	ikesv	ille,	Md
	23. PART I. Enter the diseases, or	P(a	step	1	Es 13	tep B 00 Eu	roth taw	ers I Pl. I	Tunera Balto.	Md.	21217	•
_	resulting in death)		(OR AS A CONS	MUN EQUENCE OF								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b		EOUENCE OF):):			-				
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	oue to b Due to c Due to	(OR AS A CONSI	EQUENCE OF):	ing causa (givan in	Part I.	24s. WAS AN PERFOR	MED?	AWA COI OF	MILABLE PRIOR TO MPLETION DF CAUSE DEATH?
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AN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditions.	DUE TO C. DUE TO d	(OR AS A CONSI	EQUENCE OF	n the underly	ing causa		_	PERFOR	MED?	AWA COI OF	MILABLE PRIOR TO MPLETION DF CAUSE DEATH?
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 \(\text{NO} \) 27. MANNER OF DEATH 1 \(\text{Netural} \) S \(\text{Pending} \)	DUE TO	Q ER/Outpetient INJURY - At etc. (Specify)	EQUENCE OF EQUENCE OF Tresulting is 2 DOA 28b. TIMM 5 : 0 norme, farm, a	26. OTHER: 4 \(\text{Nursing H} \) E OF \(PSC. I actory, of treet, factory, of the second se	PLACE OF D ome 5 Re NJURY AT VORK? YES 2 5	DEATH (Che	s Other	PERFOR 1 YES 2 (Specify) CRIBE HOW IN JECT JICK B. STICK STREET,	MED? IND NO RIDIT Y VAN VENUI	RED VG OI	MLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO N SCOOT!
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2	DUE TO C. DUE TO d. DIS CONTributing to Poss Contributing to 28e. DATE OF (Month, D O 6 / 0 4) 28e. PLACE O building. SICIAN: To the best of eler: On the basis of eler.	Q ER/Outpetlent INJURY - At etc. (Specify) (my knowledge, c	EQUENCE OF EQUENCE OF Tresulting is Tresulting is Tresulting is Tresulting is Tresulting is	26. OTHER: 4 Nursing Hi E OF 28c. BOY 1 treet, factory, of	PLACE OF D PLACE OF D NUBY AT VORK? YES 2 5 Vice	NO N	eck only one \$ \(\) Other 28d. DES \$ SUB \$ STRI \$ STRI \$ STRI \$ STRI to the ceu time, date	PERFOR 1 YES 2 (Specify) CRIBE HOW IN JECT JICK B. STION (Street a.	MED? NO NO NUTRY OCCU RIDIN VAN PALT ner es stated d due to the	IRED OIL LRUEL ROUTE COURSE(8) en	MEABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO N SCOOT: NUMBER OF MARY: MARY: d menner as stated.
O'BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only 1 CERTIFING PHY One) 2 MEDICAL EXAMINERS 296. SIGNATURE AND TITLE OF CERTIFIER CONDITIONS	DUE TO OR AS A CONSI OR	EQUENCE OF EQUENCE OF Tresulting is 28b. Timin INJ 5:0 nome, farm, a STE death occurrer investigation	28. OTHER: 4 \(\text{Nursing Hi} \) E OF \(\text{28c.} \) O PN \(\text{1} \) Treet, factory, of \(\text{1} \) It F \(\text{1} \) d at the ilme, din, in my opinion	PLACE OF D THE STATE OF D TH	NO N	eck only one \$ \(\) Other 28d. DES \$ SUB \$ STRI \$ STRI \$ STRI \$ STRI to the ceu time, date	PERFOR 1 YES 2 (Specify) CRIBE HOW IN J E C T J C K B STION (Street, a F DY Staff) F F T se(s) end men end piece, and	MED? UNITY OCCU RIDIN VAN PO MURPO VAN PO MURPO RAIT RAIT 29d. OATE \$2	IRED OI	NLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO N SCOOT: WENBUAN E, MARY	
O'BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 3 Solicide 8 Could not be determined. 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO OR AS A CONSI OR	EQUENCE OF EQUENCE OF Tresulting is 23 DOA 28b. TIMIN 5: 0 home, farm, a ST E death occurre r investigation	28. OTHER: 4 \(\text{Nursing Hi} \) E OF \(\text{28c.} \) O PN \(\text{1} \) Treet, factory, of \(\text{1} \) It F \(\text{1} \) d at the ilme, din, in my opinion	PLACE OF D PLACE	NO N	s Other 2ed. DES SUBL STRI to the ceu time, dete M. E.	PERFOR 1 YES 2 (Specify) CRIBE HOW IN JECT JCK B TON (Street a green of the control of the	MED? UNURY OCCU RIDIN Y VAN VENUE BALT ner es stated d due to the	AMM COO OF 1 [I MO R] I MO R] I Couse(a) en Signed (Mo 6 / 0 4)	MELETION OF CAUSE DEATH? YES 2 NO N SCOOT: WENBUAN MENBUAN MARY: d menner es stated.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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MARYLAND 21215-0	
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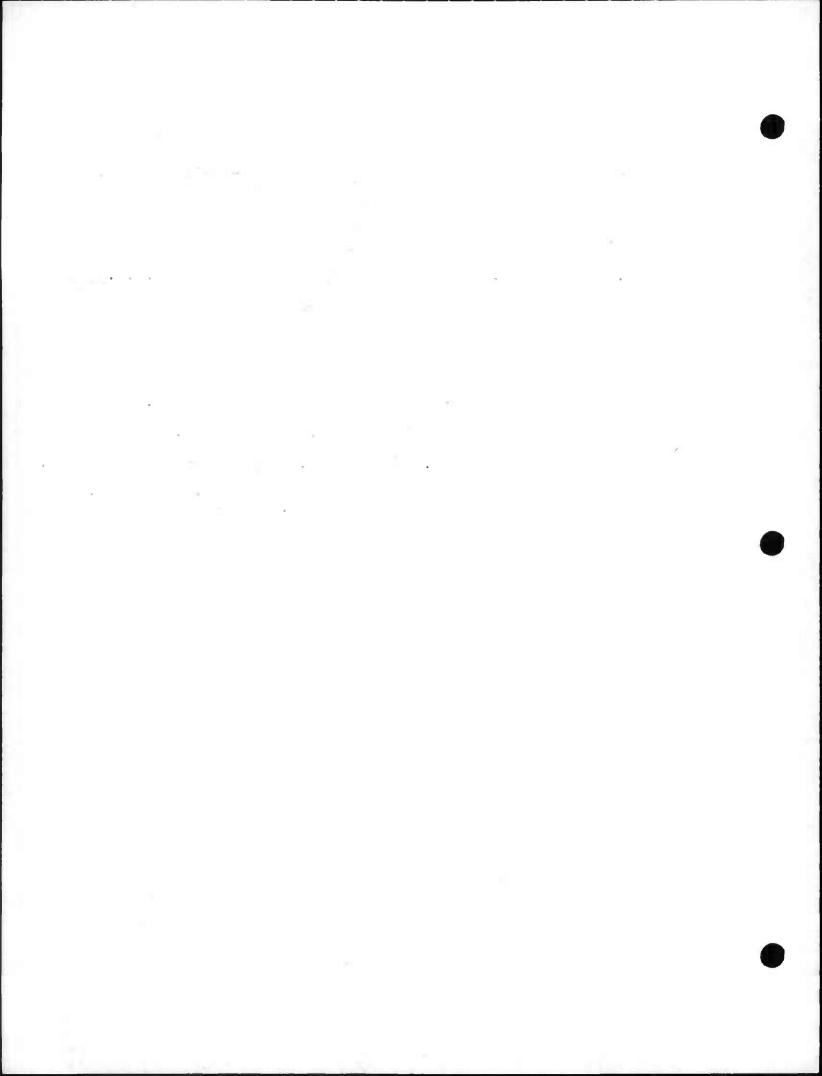
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 93 10 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 3958 23-16 Va permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY
RESIDENCE OF DECEDENT DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit N. 21216 1501 Dukeland U.S.A. attending physician. 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, of 1 YES 2 NO Specify: 1 Never Married 2 Married 3 Wildowed 4 Divorced BY Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple director, page 5 should be detached for intery/Secondary (0-12) College (1-4 or 5+) Rusinessman C.7.11b 17. FATHER'S NAME (First, Michie Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 BE Unk notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Park Canla Wan Ave Baltimore Md 21201 pe 200 METHOD OF DISPOSITION
1 Burisi 2 (Cremation 3 (See Specify) (20b. PLACE AND DATE OF DISPOSITION (Name of must | DATE 20c. LOCATION - City go To complete to as in april Con 864893 medical examiner 21. SIGNATURE OF FUNES AL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY the funeral 24 hours after death. 638 N. BAL Gilmor St. 21217 has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. 123 shows any Injury, or other traumatic event, the medical s Wulie-Mortician Albert P the diseases, or com his that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. Ja only one cause on each line. ntervai Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Dielingn diaresulting in death) executed within TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be trol DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursi 6 the 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 2 Accident 5 Pending Investigation DIRECTOR: After the hours after death with them 28 is mark 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and 29b. SIGNATURE AND TITLE OF CERTIFIER BE Ha 9 struck 2 30. NAME AND ADD PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gero 32. REGISTRAR'S SIGNATURE

Julie Verilan

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BALTIMORE, MARYLAND 21215-0020 HÓSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician, been signed by the attending physician and completely filled in by the or. of Health and Mental Hyglene prior to burial, cremation, or removal.

JUN

1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH T, avidSON MONTH YEAR 93 MN# 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (Sta 1 M 2 F DAYS HOURS 7-15-15 Country) BaltimorE 9b. CITY. TOWN OR LOCATION OF DEAT 9c. COUNTY OF DEATH DIRECTOR TE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Balto 1 YES 2 | NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 8 ave 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if was specify Guban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE If yes, specify Cuban, Mexican, Puerto R.

1 YES 2 NO Specify: 1 Never Married 2 Merried Black 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) SHIPPING 195horeman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Su notified at avidson BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, Balto, MD. 2 Imatill ave 21215 d pe 20a METHOD OF DISPOSITION

1 M Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOGATION City or Town, State 6/11/98 Mem 2alto 4 ☐ Donetion 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY urch the medical 23. PART I. Enfer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Prostate CANCER
DUE TO (OR AS A CONSEQUENCE OF): or other traumatic event, BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST NURFRAL DIRECTOR: After this certificate has been signed by the after within 72 hours after death with the State Dept. of Health and Mental XTANT: If Item 28 is marked, or Item 23 shows any Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 VES 2 NO OTHER: 1 Inpetiant 2 ER/Outpetient 3 DOA Other (Specify) 5 Residence PICE 105 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural Accident 1 YES 2 NO 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee atsted, one) MPORTANT: II 2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and man 296. SIGNATURE AND TITLE OF CERTIFIER be filed v BE LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) XLI exa 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Ybar) 32, REGISTRAR'S SIGNATURE

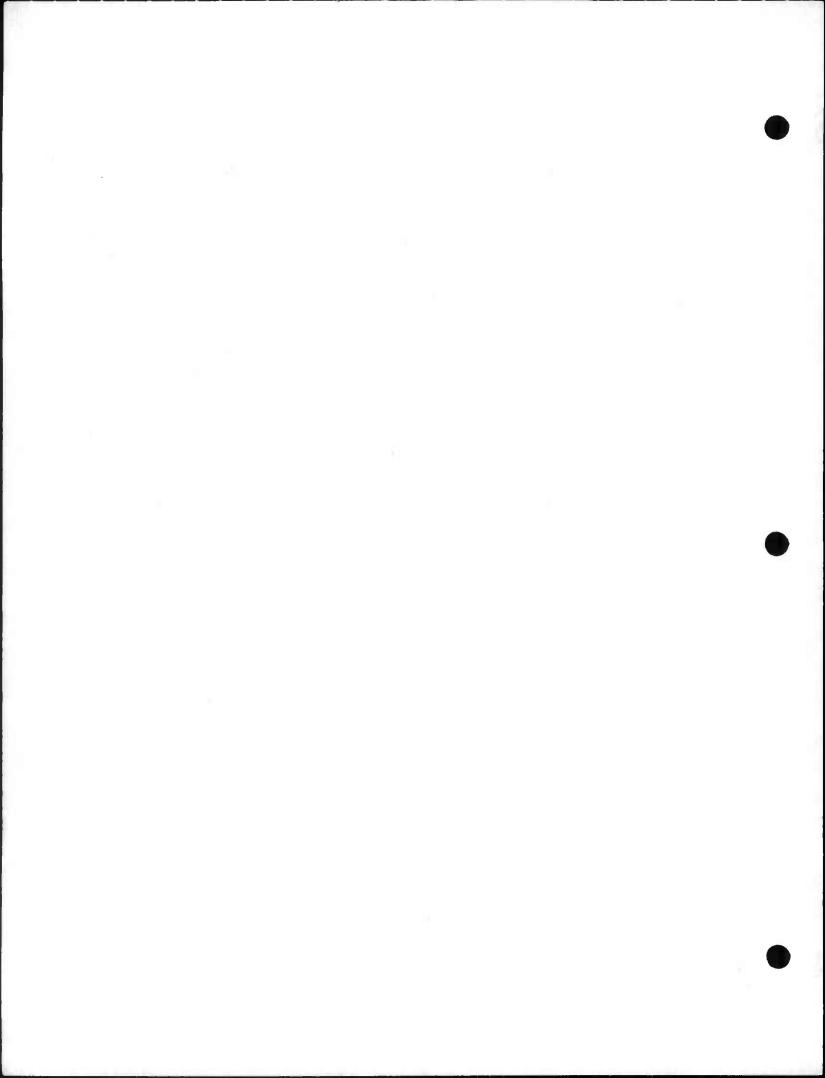
BALTIMORE, MARYLAND 21215-0020	VG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	in THE HILPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2	TO THE FLAEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEI		93	1710
1	DECEDENT'S NAME (First, Middle, Last) SOCIAL SECURITY NUMBER	Elizabeth s. sex a. Age (1)				2. DATE OF GEATN	DAY 9	YEAR	O :15 P
~	9a. FACILITY NAME (If not institution, give str	1 M 2 D(F 7	4 YRS.	MONTHS DAYS	OR LOCATION OF D	(Month, Day, Year) 10 - 9 - 191	8 U	Country)	irginia
DIRECTOR	Stella Maris N RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	ursing Home	40.00	, TOWN OR LOCA	owson		Ва	utimo,	
	Maryland	Baltimor	e		Ed	gemere		10	NSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2413 Carolyne A	venue		1	of. ZIP CODE	1219		in of what c	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	ia or No— 14	4. RACE — Am Black, White Specify:	nerican Indian, a, atc. Vhite
COMPLETED	15. OECEDENT'S EQUC. (Specify only highest grade of Elementary/Secondary (0-12) 8th Grade	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v ille. Do NOT us Homem	vork done during m e retired.)	ION lost of working	16b. KIND OF BU	Own Ho		
BE COM	17. FATHER'S NAME (First, Middle, Last) Glenn Arnet Digmo	an			Virgi	AME (First, Middle, Meide Nía May Pr	n Sumame) UCL		
10	190. INFORMANT'S NAME (Type/Print) Mary Shiflett		2413	Caroly	ne Ave.	Edgemere,		,	21219
	20a. METHOD OF DISPOSITION 1	val from State	LLLOP S	ervice	Corp. 6	18/93 T	ocation - ch	Marul	2and
	· Chal W	Foh		7922	Wise Av	neral Home enue Dund	lalk. M	arular	Inc. nd 21222
	23. PART I. Enter the diseases, pr co shock, or heart feliure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused lat only one cause on as	ch lina.				piratory arrea	13	Approximata interval Betwee Onset and Deat
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A (
빙	PART II. Other significant conditions	contributing to death bu	it not resulting i	n the underlyle	a ceuse alons in	Part i. 24a, WAS A		 	
MEDICAL					ng cause given in		PRMEO?	AWAILA COMPI OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE ATH? YES 2 NO
PHYSICIAN:	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet	itlent 3 🗆 DOA	QTHER:	PLACE OF DEATN (C)	1/	this a	ic E	
BY	27. MANNER OF OEATN Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TiMi INJ	M 1 □	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW 28f. LOCATION (Street			umber.
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only	building, atc. (Specifical Specifical Specif		d at the time, dat	e end place, end dua	City or Town, State	9)		
TO BE COM		e on the basis of examination				time, data and placa, a	ind dua to the o		

32. JEGISTRAPIS SIGNATURE
SULLA DEM COM- Fundale.

31. DATE FILEP (MONTH, DAY, 111) 1993

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1.	DECEDENT'S NAME (First, Middle, Last) Charles	Eva	ns	2. DATE OF DEATH MONTH June 5, 1993	3. TIME OF DEATH 1:52pm M
pinous	SOCIAL SECURITY NUMBER 225-09-856 a. FACILITY NAME (If not institution, give sto Maryl and Co	M 2 - F 75 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. AONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth Day, May) 8. EATH 9c. COUNTY	BIRTHPLACE (State or Foreign Country)
2 6 5	ILEBIDENCE OF DECEDENT IA. STATE 100. COUNTY		Baltimore	City	16d. INSIDE CITY
76 A -	Maryland Maryland Maryland	GENERAL ANSPER	101. ZIP CODE	U	OF WHAT COUNTRY?
A A A	Never Married 2 Married Wildowed 4 Divorced 15. DECEDENT'S EDUC	FORCES? 1 YES 2 NO. IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Sextor 1 YES 2 NO Speci	an, Puerto Rican, etc.) N:	Black
defacthed for use as once.	(Specify only highest grade of Elementary Secondary (0-12)		rk done during most of working	Gell Con	placed.
8 8	PATHER'S HAMELIFERS, MIGISTA, LAST)		18. MOTHER'S NJ	NA	
or Saho		riek 25	04 Kark A	rfm rumous zov ce pown, sough zo cod USATO SCLE	all
must 1	METHOD OF DISPOSITION Burlel 2 Commetton 3 Remo Donation 5 Other Specific SIGNATURE OF FUNERAL SERVICE LICE	MOUN	+ZION	DEATE 30C LOCATION City	or Town, State
exami exami	· in Co	undl	17/2 W/ 9	Cortl Are	
y filled in the me	3. PART I. Enter the diseases, or content of the service of the se	mplications that caused the death. Do no let only one cause on each line. Extensive bron	achopneumona, s	ch as cardiac or reapiratory arreat, uggestive of aspi	interval Batween Onset and Death
traumatic ev	equantially list conditions, any, leading to immediate suse. Enter UNDERLYING	Clinical impre	ession: Sensis		pneumonia.
attending phy tal Hygiene y y, or other CERTIFIC	nat Initiated events esuiting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
of Health and Me hows any Inju MEDICAL	ART II. Other significant conditions	contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 \$\frac{1}{3}\$ YES 2 \$\sumedot{1}\$ NO
State Item	NAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch DTHER:		
THIS CO.	MANNER OF DEATH XX Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJUI	OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURE	ÊD .
fer d Is	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At home, farm, str building, atc. (Specify)	eet, factory, offica	261. LOCATION (Street and Number or R City or Town, State)	tural Route Number,
국 2 등 1		IAN: To the best of my knowledge, death occurred : On the besis of axamination and/or investigation,			use(a) and manner as stated.
O BE	b. SIGNATURE AND TITLE OF CERTIFIER OF STANDARD ADDRESS OF PERSON WITH	ha PGY-1			GNED (Month, Day, Year) 5/93
	Arnold De		/o Maryland Gen	eral Hospital	
31.	DATE FILED (Month, Day, Year)	Julia Saindra Band		-	



YEAR

3

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

92

OSE

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

21229

54

BALTIMORE, MARYLAND 21215-0020

FUNERAL DIRECTOR

BE COMPLETED BY

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once.

notified at

pe

must

medical examiner

4

event,

traumatic

other

50 Injury,

shows any

If item 28 is marked,

В

BE COMPLETED

2

PHYSICIAN: MEDICAL CERTIFICATION

BOX 68760. DIVISION OF VITAL RECORDS, P.O.

In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ir removal. urs after death. Page 6 may be retained by the hospital or attending physician. i completely filed is vrial, cremation, or OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within been signed by the attending physician and cor it, of Health and Mental Hygiene prior to burial, r this certificate has been him with the State Dept. of arked, or item 23 sh ERAL DIRECTOR; After t

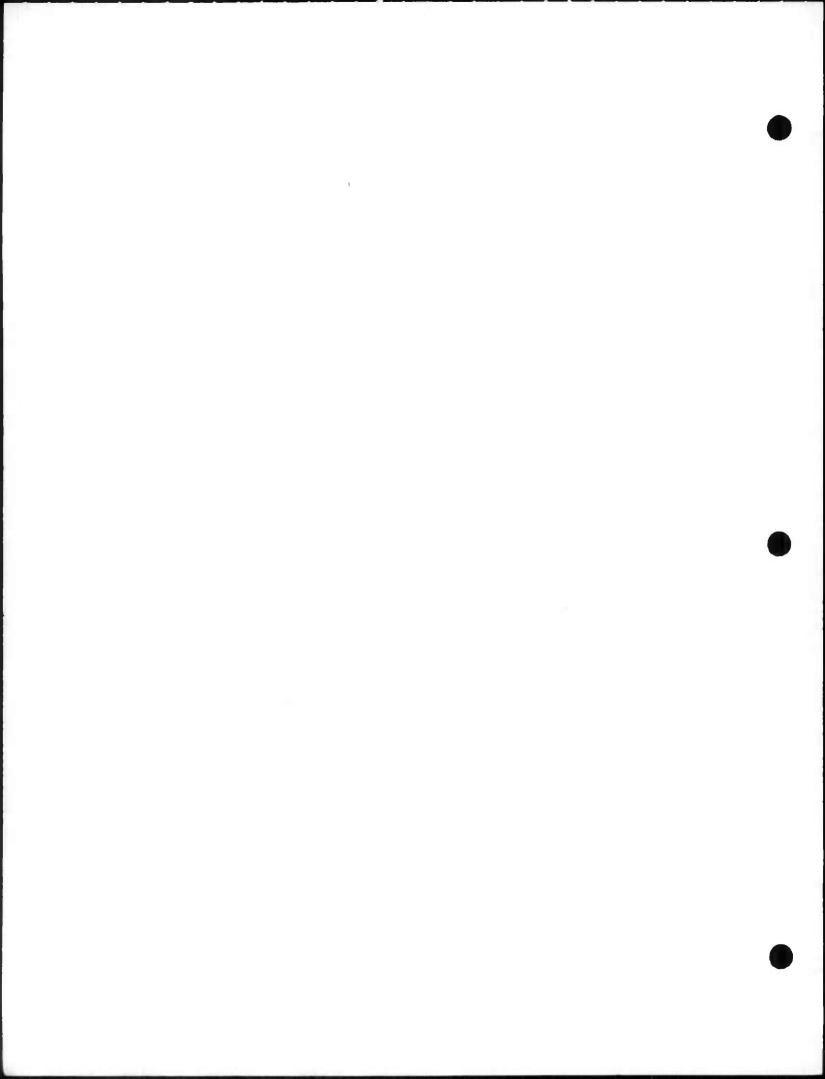
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH BIELEVANS 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS -394 1 - M 2 XF DAYS HOURS MIN 9b. CITY, TOWN OR LOCATION OF DEATH St. Agnes + 3+. timore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Ba 10e. STREET AND NUMBER 101. ZIP CODE 39 0 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cubs 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INQUSTRY condary (0-12) College (1-4 or 5+) 104 1ercc 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Midd 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. ral Route Number, City or Town, State, Zip Code) 20b. PLACE AND DATE OF DISPOSITION (Na 20s. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION 6 lay 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel mlmorar disease or condition_ ardioreaulting in death) OUE TO (OR AS A CONSEQUENCE OF)

July Day John Manda

Wabash 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate interval Batween **Onset and Death** Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 70 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED t Netural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

6/9/93 29c. LICENSE NUMBER Hovarul 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Agnes Cal



FOR

93	/	I	0	1.0

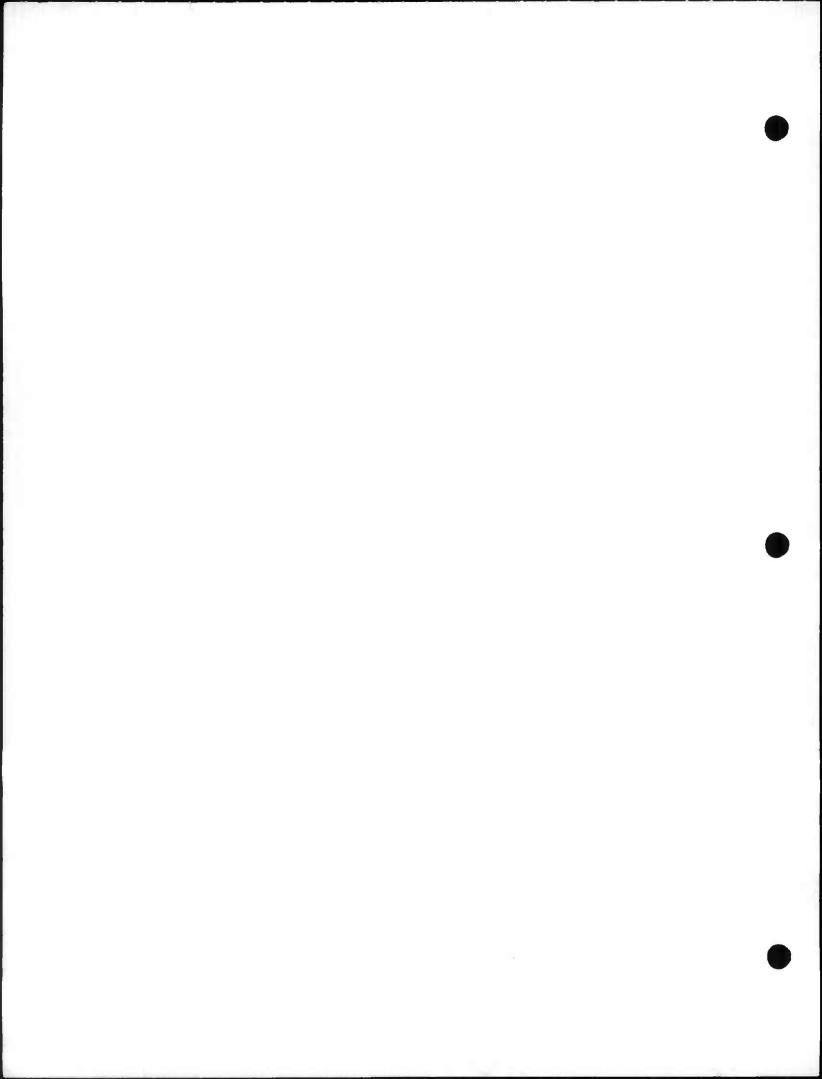
	1 - STATE REGISTRAR	OINIE OI	CERTIF	ICATE OF	DEATH	U MEN	REG. NO			17104		
	1. DECEDENT'S NAME (First, Middle, Las	RATINO	Donald	Frati	no		TE OF DEATH	AY	YEAR 93	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217.44.0660	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	(5.6	TE OF BIRTN Synth, Day, Year)	∞	Country	PLACE (State or Foreign		
OR	96. FACILITY NAME (If not institution, give street end number) 96. COUNTY OF DEATH Anne Arundel Medical Center Annapolis 9c. COUNTY OF DEATH Anne Arundel Medical Center											
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY	10c, CIT	10c. CITY, TOWN OR LOCATION								
	MD Anne	- Arunde		l Annapolis					10d			
FUNERAL	10e. STREET AND NUMBER	_ AT UNIOR	1 111		. ZIP CODE			10g. CI		1 X YES 2 NO		
F	705 Americana				21403				USA			
₽	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 X YES 2 NO WAR OR DATES	If yes, sp	ENDENT OF HIS ecity Cuben, Mer 2 NO Sp	cican, Puer	GIN? (Specify Yes to Rican, etc.)	s or No—	14. RACE Black, Specifi	American Indian, White, etc. White		
8	15. DECEDENT'S EC (Specify only highest gra-	UCATION de completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON et of working	1	6b. KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5	+) life. Do NOT u	Radio			USN	avy				
8	17. FATNER'S NAME (First, Middle, Lest) Luigi Frating	2					, Middle, Maiden a Vali					
BE	19e. INFORMANT'S NAME (Type/Print))	10h MAII ING	AODRESS (Street e								
2	Donald L. Frat	tino								4D 21054		
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Re 4 Donetion 8 Other (Specify)	moval from State	20b. PLACE AND DATE	of DISPOSITION (Na	me of ans Ce	m .	Cr					
1	21. SIGNATURE OF FONEBAL SERVICE I	JOENSEE	.//				cal Ho					
	23. PART I. Enter the diseases of	of alread	lL	12 R	idgely	Ave	e. Ann	apo]	lis,N	4D 21401		
CERTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CONSEQUENCE O	F):						Interval Betweer Onset and Deati		
	resulting in death) LAST	d										
PHYSICIAN: MEDICAL	PART II. Other significent condition	ins contributing to	deeth but not resulting	in the underlying	cause given	in Part i.	24a. WAS AN PERFOR 1 TYES 2	RMEO?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
충	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			ACE OF DEATN	Check only	one)					
Š	1 YES 2 190	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER: 4 - Nursing Nom	5 🗆 Residend	6 B C	her (Specify)					
ВУ РН	27. MANNER OF DEATH 1-Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		URY WO		28d, D	ESCRIBE NOW I	NJURY OC	CURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE C building,	OF INJURY — At home, ferm, a etc. (Specify)	street, factory, office	•	281. LC	CATION (Street a ty or Town, State)	ind Numbe	r or Rural Ro	ute Number,		
COMPLETED			my knowledge, dasth occurre									
	29b. SIGNATURE AND TITLE OF CERTIFIE		xamination end/or investigation	, ar my opinion, di			na and place, en					
TO BE	July t	Pelin	~ ~		Day	SO Y			E SIGNED	Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON W	/ /	SE OF DEATN (ITEM 27) (Type.	/	ef 2	1401	/					
7	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE				-					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

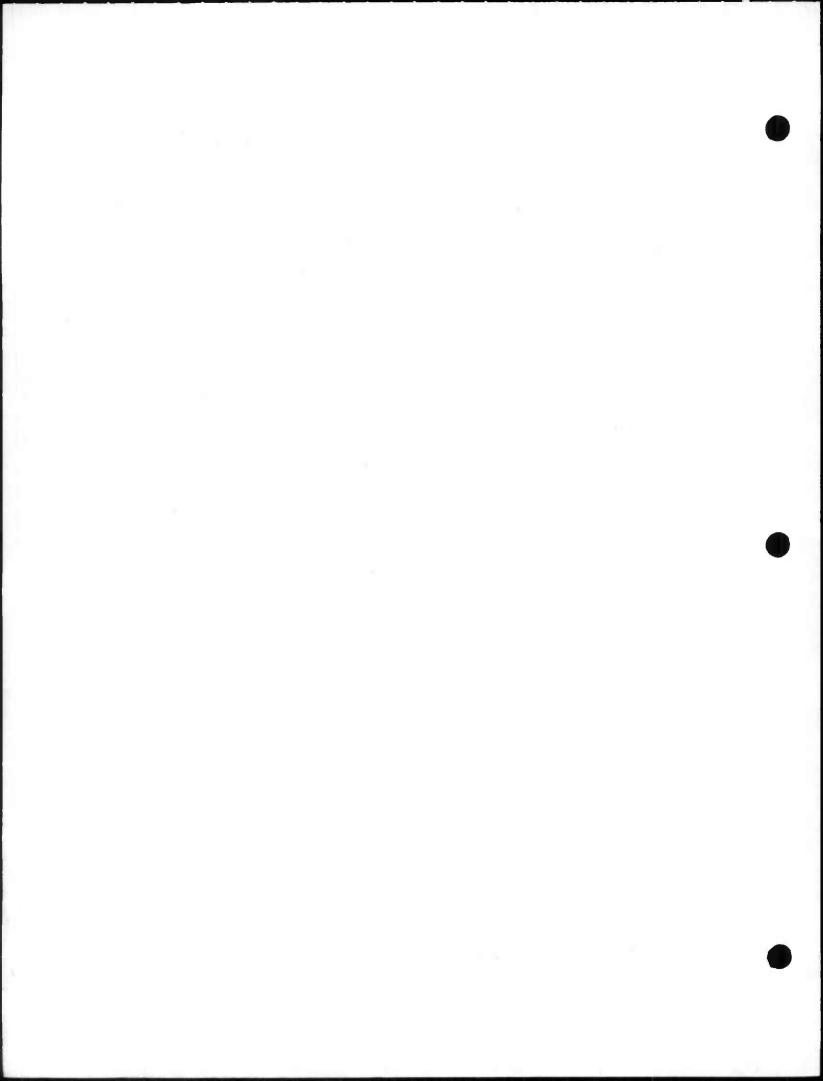
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BALTIMORE, MARYLAND 21215-0020



BALLIMORE, MARTEAND ZIZIS-0020	tained by the hospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1.2.3 should		tiffed at once.
THE COURT, T.O. BOX 53, O.	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bullat-transit nermit. Pages 1.2.3 should	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requ	TO THE FUNDAM, DIRECTOR: After this certificate has been	by their North To hours after death with the State Dept. of	INPORTANT, It item 28 is marked, or Item 23 sho

FOR	STATE OF	MARYLAND /	DEPAR	TMEN.	TOEL	CAITU	AND I	MENTAL HYGIEN	-	93	3 1710
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, M						DEAT		REG. NO.	<u> </u>		
MAXINE		FROST					•	2. DATE OF DEATH	100	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		8. AGE (in yrs. les	t historia i	IF UNDER	DA WEAD	IF UNDER		7. DATE OF BIRTH	17-	22	10 7011
	1 🗆 M 2 🔯		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
087-09-7417 9a. FACILITY NAME (If not instit		78		Oh CITY	TOWN O	R LOCATIO	W 05 05		1.5		Oklahoma
				90. CIT			CX.9.30			INTY OF D	
6502 Copper	Ridge Dr.				I	Balti	more	9]	Balti	imore
6502 Copper RESIDENCE OF DECE 10a. STATE 1	Ob. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Baltimore	3		Balt	timor	re					1 YES 2 NO
10a. STREET AND NUMBER 6502 Copper 11. Marital Status					10f.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
6502 Copper	Ridge Dr.					210	22		U	.S.A.	
11. MARITAL STATUS		PENT EVER IN U.S. AR	MED	13.	WAS DEC	NDENT O	F HISPAN	HC ORIGIN? (Specify Yes n, Puarto Rican, etc.)			— American Indian, c, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorce	IE VEC ON	E WAR OR DATES				2X NO				Speci	
											White
(Specify only h	ENT'S EDUCATION ighest grade completed)	(Gi	ve kind of	Work done		N it of working	g	16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12	College (1-4 or	5+)		emake	200			Own I	Jomo		
17. FATHER'S NAME (First, Midd	In I not)		HOIR	smare	ST.						
								ME (First, Middle, Maiden S	Sumame)		
19a. INFORMANT'S NAME (Type	Curtis	1 400						re Martin			
								Route Number, City or Town			
Patricia C							ватт	timore, Md.	_		
20a. METHOD OF DISPOSITION 1 Burlel 2 Coremation 4 Donation 5 Other (Se	3 - Removal from State	20b. PLACE A cemetery, cre	natory or o	ther placel			- 41	1		City or To	
21. SIGNATURE OF FLINERAL S		- IHillto	op Se			D ADDRES			vson	, Md.	·
La Contraction	NO P	1		Rı	ick T	owso	n Fi	uneral Home Towson, Mo			
23. PART-I. Enter the dise	eses, or complications (het ceused the de	nth. Do i	not enter	the mod	de of dyla	ng, auci	h as cerdiec or respir	atory ar	reat.	Approximata
IMMEDIATE CAUSE (Finel	rt fellure. List only one o	euse on each line						•			Interval Betwee
disease or condition resulting in death)	Un	avon	VI.	2							
resolding in death)	DUE	TO (OR AS A CONSEC	WENCE O	Pt:							-i
Sequentially list condition if any, leading to immedia	te	TO (OR AS A CONSEC	UENCE O	F):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
that initiated events resulting in death) LAST	DUE	TO (OR AS A CONSEC	UENCE O	F):							
resulting in death) LAST	d										
PART II. Other significant	conditions contributing	to death but not n	ggiffue	in the un	derlying	cause	iven in	Part J. 24s. WAS AN	WITOPSY	24b	WERE AUTOPSY FINDING
1	1000-	Home	PA	The		.20	Post	PERFORI	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
Solo	1-1-1-	- Tings	1	-		17.64	7	1 🗆 YES 2	NO		OF DEATH?
- Secret					_			_		ł	1 YES 2 NO
25. WAS CASE REFERRED TO N	IEDICAL				26. PL	ACE OF DE	ATH (Oh	ock only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ noa	OTHER	₹:	1 /					
27. MANNER OF DEATH	28e. DATE		28b. TIM		28c. INJU		udence	8 Other (Specify) 28d. DE\$CRIBE HOW IN	JURY OC	CURED	
1 Netural 5 Per	nding	, Day, Year)	INJ	IURY M	WOF	ES 2	NO I		00111 00	OUNED	
7.8	estigation 26s. PLACI building	OF INJURY — At hor	ne, larm,	street, lact				281. LOCATION (Street as	nd Numbe	r or Rumi R	oute Number
0 0	armined buildle	ng, atc. (Specify)						City or Town, State)			
29a. CERTIFIER	ING PHYSICIAN, T- 45	of my beauty to	th and								
	ING PHYSICIAN: To the best L EXAMINER: On the basis of										
290. SIGNATURE AND TITLE, OF		The state of the s	ungerio	, in iny 0	princit, Ge				-		
Call a de	THE PARTY OF THE P	2 6		-	F	HILL LICE	VSE NUM	DEN CO	29d. DAT	SIGNED	/Movin. Day. Mearl
	31 11 11 16			1	1 1	10	110	1131		300	~ 6 3



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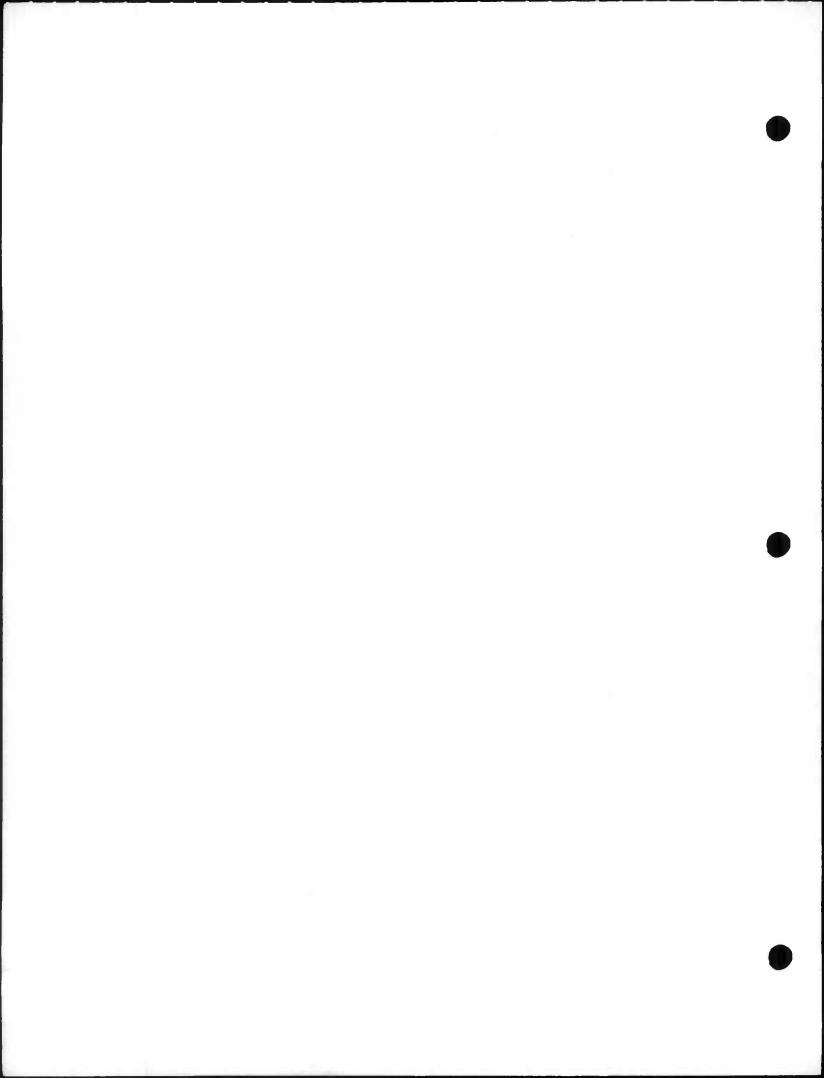
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT CERTIFICAT	NT OF H	EALTH AND	MENTAL HYGIEN		. 7 7 0 0
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	100	3. TIME OF DEATH
	Geraldine Mari	e Flowers				June 7	1993 YEAR	11:30 am
		. SEX 6. AGE (In yrs.		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
	012-20-7024		58 YRS. MONTH	B DAYS	HOURS MIN.	March 12,	1935 Ma	SS.
~	So. FACILITY NAME (If not institution, give street	t and number)	9b. CI	TY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY OF	DEATH
Ö	Washington County	<u>Hospital</u>	H	lagers	town		Washing	ton
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWI	H OR LOCATI	ON			10d. INSIDE CITY
P	Maryland Washi	ngton	Hanco	ck				LIMITS?
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	14701 Rice Road				21750		USA	
F	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		3. WAS DECE	NOENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerlo Rican, etc.)	a or No — 14. RA	CE — American Indian, ck, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif			offy:
ED	15. DECEDENT'S EDUCATION	ION 16a.	DECEDENT'S USUAL	OCCUPATIO	N	16b, KIND OF BU	 SINESS/INDUSTRY	White
ET	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work dor ille. Do NOT use retired	ne during mos 1.)	t of working			
COMPLETED	12		L.P.N.			Servi	ce/Healt	n Care
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
BE	Robert W. Simpson 19a. INFORMANT'S NAME (Typo/Print)					a Hogan		
5	Homer E. Flowers					Route Number, City or Tow		1750
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	20h Pl A	CEAND DATE OF DISP			ock, Mary	CATION - City or	1750
	1 Burial 2X Cremation 3 Removal	from State cemetery,	crematory or other place.	e)		08/93 Smi		
ĺ	21. SIGNATURE OF PUNERAL REPRICE LICENS	5 10			D ADDRESS OF FA	CILITY	crisburg,	riaryrand
	THEOL D	O		3 T	11 4/4 171	Wain Ct DO	D 200 II	1 10 04750
	23. PART I. Enter the diseases, or com-	iplications that caused tha	death. Do not ent	ar the mod	la of dving, suc	h as cardiac or read	iratory arrest.	Approximate
	IMMEDIATE CAUSE (Final	conly one cause on each)	line.					interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CON CROWIC DUE TO (OR AS A CON	I=MIA/	HUD	FRCA	lezmi	9	
		DUE TO (OR AS A CON	SEQUENCE OF):	7				
N O	Sequentially list conditions, b	CRONIC	RENAL	IN	SUFFI	CLENCY	·	
AT	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A COM	ETES	22-		J		
E	CAUSE (Disease or Injury that Initiated events	OUE TO (QR AS A CON	SEQUENCE OF):	1115		3		
CERTIFICATION	resulting in death) LAST							
	PART II. Other algnificant conditions co	ontributing to death but no	ot resulting in the	underiving	cause given in	Part i. 24e. WAS AN	AUTOBEY	b. WERE AUTOPSY FINDINGS
CAL	HEART	DISEASE	-	onderrying	cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
의	CONGES	STIVE F	11110	-		1 TYES 2	2 NO	OF DEATH?
2			MICOR			— I		1 TES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLA	CE OF OEATH (Ch	eck only one)		
YSI		OSPITAL: Il inpatient 2 - ER/Outpatient	3 DOA 4 N		5 Residence	6 Other (Specify)		
PH	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR		28d. OESCRIBE HOW	INJURY OCCURED	
B	2 Accident Investigation	20. 81 405 05 04 015	M		S 2 NO			
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa	actory, office		281. LOCATION (Street City or Town, State)		Route Number,
	290. CERTIFIER	N: To the heat of on insent day	4.0					
MP		N: To the best of my knowledge, on the baels of examination and/						(a) and manner se stated
	290. SIGNATURE AND TITLE OF CENTIFIER	- 1			29c. LICENSE NUN			
BE	Just). Henna			D384		L.	0 (Month, Day, Year)
2	30. RAME AND ADDRESS OF PERSON WHO CO						Ψ/	., - 0
	ARYEN L. HER	RERA 32	AE. AN	TIET	AW S	ST. HIG	R. M	D. 21740
	ARVEN C. HER. 31. DATY FILED Month, Day, Year) JUN 1 1 1993	32. REGISTRAR'S SIGNATURE	70.				7.7.6	70
	2011 [1 1333	guna very don	-Nover					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

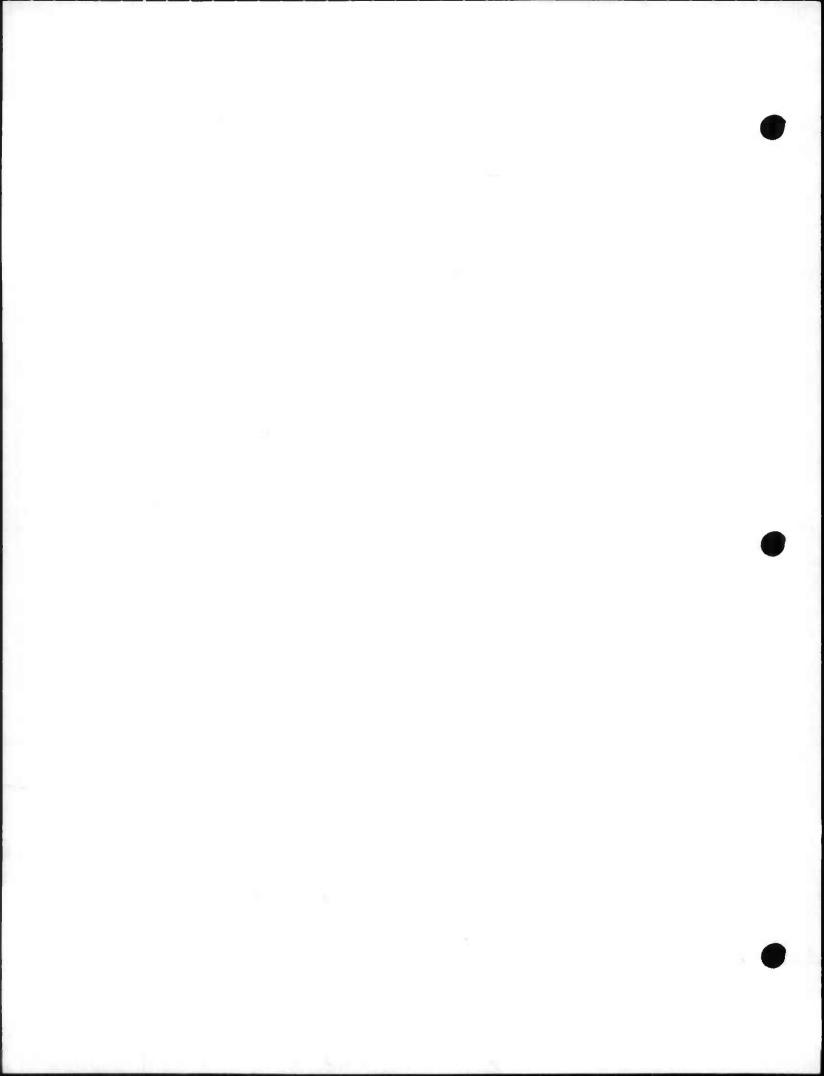
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Lida 4. SOCIAL SECURITY	M. Gue	+100							2. DATE (7 7 0 0	YEAR	3. TIME OF DEATH
		5. SEX	8. AGE (In yrs. le	nt historiasi	IF UNDER 1 Y	TAD	IF LINDS		7. DATE (8 -	199		11:05
218-01-2		1 M 2 X F	90	YRS.		MY8	HOURS	MIN.	(Month,	Day, Year)	.	Country	
	9a. FACILITY NAME (If not institution, give street and nur				9b. CITY, TO	DWN OI	B LOCATI	ON OF DE		4-190		Per ITY OF D	insylvan
			sino H	ome			alk	ON OF DE	-			tim	
RESIDENCE OF	DECEDENT		01116 11	Ome	Du	II G C	IIK				Dai	CIIII	016
Meridia: RESIDENCE OF 100. STATE Md.	10b. COUNT	v timore			Y, TOWN OR		ON						10d. INSIDE CITY LIMITS?
		cimore		D	unda]								1 TES 2 XNO
100. STREET AND NUM		nway Apt	- 0				122						HAT COUNTRY?
100. STREET AND NUM	Dullina	12. WAS DECEDEN		DMED	1 40 110						U.S.		
I I I MANAGE INSCRIPTION		FORCES? 1	YES 2 V	NO	lf y	05, SP0	city Cuba	n, Mexica	n, Puerto R	(Specify Yes lcan, etc.)	or No-	Black	- American Indian, White, etc.
3 🖫 Widowed 4	Divorced	1 123, 0112 1	AN ON DAILS		''	J 169	2XXNO	Specify	/:			Whi	
	DECEDENT'S EDU	CATION completed)	18a, Di	ECEDENT'S	USUAL OCCU	JPATIO	N of working	200	16b.	KIND OF BUS	INESS/IND	USTRY	
III Elementary/Second	lary (0-12)	College (1-4 or 5+) life	. Do NOT us	e retired.)								
12 yr			S:	ival	Serv	ric	e			Govt.			
17. FATHER'S NAME (FI		1 1 1			41				ME (First, M	iddle, Maiden	Surname)		
Georg	e Camp	pell					Sa						
Mary Med			19		ADDRESS (S							,	
20a. METHOD OF DISP		_	20h BI 40F		6 McS			ay,	DUNG		d 2		
1 Burial 2 X Cre 4 Donation 5	mation 3 - Rem	oval from State	cemetery, cri	ematory or o	ther place)	•			1				
21. SIGNATURE OF FU		CENSEE			nt C	ME AN	D ADDRES	SS OF FA	CHITY		Ba1		21222
Pet	i leve	Pete	r S. A MOO		n Bra	ad 1	ey- WI1	Ash low	ton Spr	Funer ing l	cal i	Home Balı	e,Inc.
Sequentially flat co		a ASPII	OR AS A CONSE	OUENCE O	PME	U							
if any, leading to it cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	ERLYING r Injury	c. LEFT DUE TO	OR AS A CONSE		H		-F u	5101	Ч				
If any, leading to it cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	ERLYING r Injury s LAST	d	OR AS A CONSE	OUENCE O	HL 17:	EF				24s. WAS AN	AUTOPSY	24h	WERE ALITOPSY FINANCE
	ERLYING r Injury s LAST	d.	OR AS A CONSE	OUENCE O	HL 17:	EF				PERFOR	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUS
	RLYING r Injury LAST	ds contributing to	OR AS A CONSE	OUENCE OF	h:	EF					MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other sign	LAST MIE ME RACTE	d. As contributing to PS	death but not	OUENCE OF	h:	EF				PERFOR	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUS
PART II. Other sign	LAST HIGHER CONDITION HIEME RACTE HIGU	d. Sis contributing to PLS E	death but not	OUENCE OF	in the unde	E F	cause g	given in		PERFOR	MED?	24b.	ARABABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other sign	ERLYING Injury LAST MIE ME RACTE HIGU HIGU HIGU HIGU HIGU HIGU HIGU HIGU	d. As contributing to PS	death but not	resulting	In the unde	E F	Cause {	given in	Part I.	PERFOR	MED?	24b.	COMPLETION OF CAUS OF DEATH?
PART II. Other sign ALD CONT PEM 25. WAS CASE REFERREXAMMER? 1 YES 2 MA 77. MANNEN OF DEATH	ERLYING I Injury LAST MIEME RACTE MI GU MEDICAL	d. Secontributing to Second Se	death but not of the second of	resulting	orthers:	E F	ACE OF D	given in	Part I.	PERFOR	MED?		AMPLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other sign ALD CONTO PEM 25. WAS CASE REFERR EXAMINER? 1 YES 2 M 27. MANNEA OF DEATH 1 Netural	ERLYING Injury LAST MIEME RACTE HIGU HIGU HIGU HIGU HIGU HIGU HIGU HIGU	d	death but not of the second of	resulting	OTHER: 4 Nursing	E F	ACE OF D	EATH (Che	Part I.	PERFOR 1 YES 2 (Specify)	MED?		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other sign A	LAST Ifficant condition HIEME RACTE HIGU HED TO MEDICAL To Pending	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month), Did	death but not of the second of	resulting SE MIT	OTHER: 4 Nursing E OF 28 URY M	E F	ACE OF D	EATH (Che	Part I. Bock only one G Other 28d, OES4	PERFOR 1 YES 2 (Specify)	MED?	SURED	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
PART II. Other sign A	ERLYING Injury LAST LAST MIE ME RACTE HI G U BED TO MEDICAL S Pending Investigation G Could not be determined CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building.	death but not of the state of t	resulting SE MITT	OTHER: 4 Nursing E OF 28 URY M	E f	ACE OF D 5 Re Re RES 2	EATH (Chesistence	Part I. sck only one 5 Other 28d, DESK City o	PERFOR 1 VES 2 (Specify) RIBE HOW II TION (Street & Town, State)	MED? NO NO NO NO NO NUMber	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
PART II. Other sign A	ERLYING Injury LAST LAST MIE ME RACTE HI G U BED TO MEDICAL S Pending Investigation G Could not be determined CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building.	death but not of the state of t	resulting SE MITT	OTHER: 4 Nursing E OF 28 URY M	E f	ACE OF D 5 Re Re RES 2	EATH (Chesistence	Part I. sck only one 5 Other 28d, DESK City o	PERFOR 1 VES 2 (Specify) RIBE HOW II TION (Street & Town, State)	MED? NO NO NO NO NO NUMber	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
PART II. Other sign A	LAST LAST LAST LAST LIFECANT CONDITION LIE M. E. LIE M. E. LIE M. G.	HOSPITAL: 1 Inpetion 2 28e. PLACE Of building, CCIAN: To the best of sa	death but not of the state of t	resulting SE MITT	OTHER: 4 Nursing E OF 28 URY M	E f	ACE OF D 5 Re RY AT RY ES 2 and place, ath occur	EATH (Che reidence NO	Pert I. Beck only one G Other 281. LOCA City o to the cause time, date in BEER	PERFOR 1 VES 2 (Specify) RIBE HOW II TION (Street & Town, State)	MED? NO NUTRY OCC NO Number There as stated due to the 29d. DATE	or Rural R	AMALBLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
PART II. Other sign ALD CONTO PEM 25. WAS CASE REFERE EXAMINER? 1 YES 2 M 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 Check only one) 2 Check only one) 29b. Signature and	LAST LAST LAST LIFECANT CONDITION LIE ME LA CTE LIE ME LA CTE LIE ME LA CTE LIE ME LO CONTROL STORY MEDICAL EXAMINE LITTLE OF CERTIFIE LU LU LO CONTROL LO CERTIFIE LU LU LU LU LU LU LU LU LU LU	HOSPITAL: Inspetient 2 28a. DATE OF (Month, Dispetient, Dispetient) 28a. PLACE Of building, CIAN: To the best of sx	death but not in the second of	ouence of resulting SE M 1 T 286. Till INJ	OTHER: 4 Nursing E OF 28 URY M street, factory	E f	ACE OF D 5 Re RY AT RY ES 2 and place, ath occur	EATH (Che reidence NO	Pert I. Beck only one G Other 284, OESC 281, LOCA City o	PERFOR 1 VES 2 (Specify) RIBE HOW II TION (Street & Town, State)	MED? NO NO NJURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO Noute Number, oute Number, (Month, Day, Year)
PART II. Other sign CONT PEM 25. WAS CASE REFERRE EXAMINER? 1 YES 2 M 27. MANNEA OF DEATH 1 Matural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND 30. NAME AND ADDRE	LAST LAST LAST LIE ME LACTE LIE ME LACTE LIE ME LACTE LIE ME LACTE LIE ME LE ME	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Delining). CIAN: To the best of existing the properties of existing the propertie	death but not in the second of	OUENCE OF	OTHER: 4 Nursing E OF 28 URY M street, factory Print)	E F 28. PL 3 Home WORD 1 YI	ACE OF D 5 Re RY AT ES 2 and place, atth occur 29c. LICE	EATH (Che seldence) NO , and due end at the ENSE NUN	Pert I. Beck only one G Other 281. LOCA City o to the cause time, date in BEER	PERFOR 1 VES 2 (Specify) RIBE HOW II TION (Street & Town, State)	MED? NO NUTRY OCC NO Number There as stated due to the 29d. DATE	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO Noute Number, oute Number, (Month, Day, Year)
PART II. Other sign A L T PE M 25. WAS CASE REFERE EXAMINER? 1 YES 2 M 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29s. CERTIFIER (Check only one) 29b. SIGNATURE AND	LAST LAST LAST LAST LAST LAST LAST LAST LE ME LA CTE HOSPITAL: 1 Inpetient 2 28e. DATE Of building. CIAN: To the best of size of completed cause.	death but not in the second of	OUENCE OF	OTHER: 4 Nursing E OF 28 URY M street, factory	E F 28. PL 3 Home WORD 1 YI	ACE OF D 5 Re RY AT RY ES 2 and place, ath occur	EATH (Che seldence) NO , and due end at the ENSE NUN	Pert I. Beck only one G Other 281. LOCA City o to the cause time, date in BEER	PERFOR 1 VES 2 (Specify) RIBE HOW II TION (Street & Town, State)	MED? NO NUTRY OCC NO Number There as stated due to the 29d. DATE	or Rural R	AMALBLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO Noute Number, oute Number, and manner as state (Month, Day, Year)	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

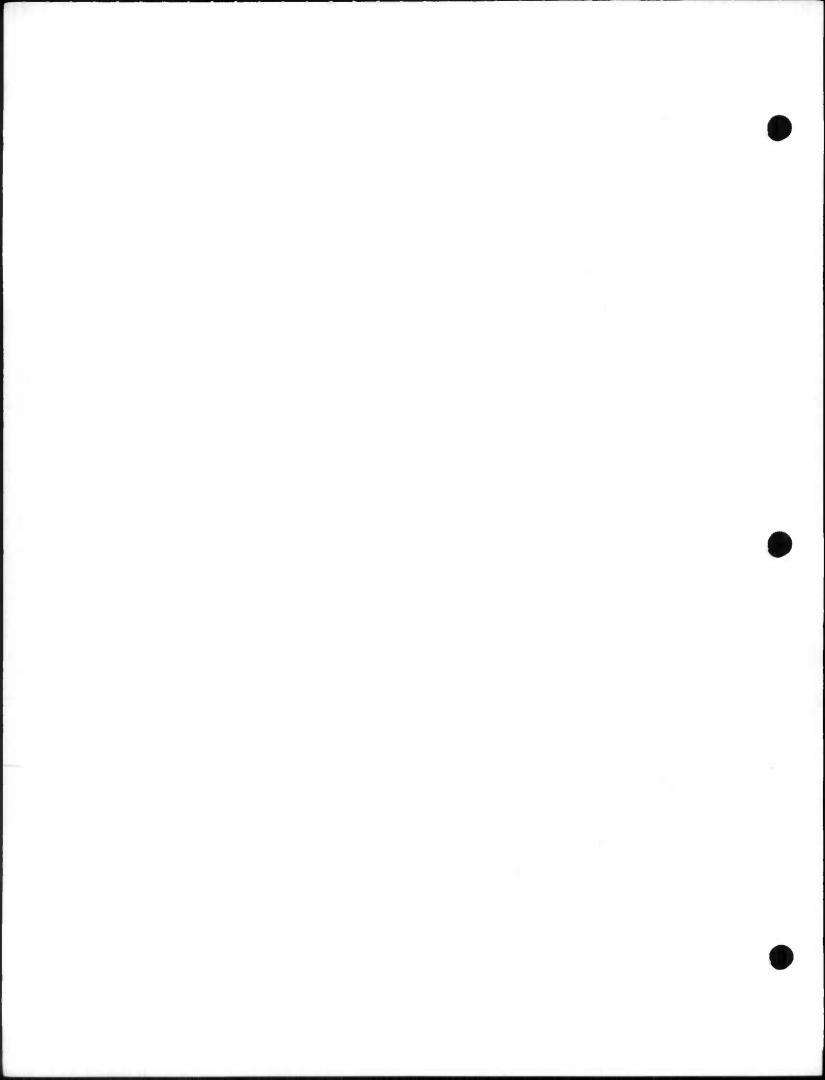


IN UR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HORPING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and oean. Page o may be retained by the law requires that the death certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be like that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPART	MENT OF H	EALTH AND	MENTAL HYGI		00 1/100	
	1. DECEDENT'S NAME (First, Middle, Last) HF.L.EN		ARIE GIBS	GIBSON		2. DATE OF DEATH	DAY	year 993 3:05 P M	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 213-26-5738	1 □ M 2 🛛 F 64	YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		/29	6. BIRTNPLACE (State or Foreign Country) Maryland	
	90. FACILITY NAME (# not institution, give str 6317 ELINORG		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						
	Maryland 10b. COUNTY			10c. CITY, TOWN OR LOCATION Baltimore City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	6317 Elinore Ave.			10f	101. ZIP CODE 21206			J.S.A.	
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES		ARMED X NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Sp If yes, specify Cuben, Mexican, Puerto Rican, 1 YES 2 NO Specify:			Yes or No-	14. RACE — American Indian, Black, Whita, atc. Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give lementary/Secondary (0-12) College (1-4 or 5+)			CEDENT'S USUAL OCCUPATION The kind of work done during most of working to NOT use retired.) HOMEMAKEY				
	17. FATHER'S NAME (First, Middle, Lest) Frederick	T. Ricto			16. MOTHER'S NAME (First, Middle, Meidle Mildred			Lutz	
TO BE	19a. INFORMANT'S NAME (Type/Print) James R. Gibson		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10						
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ramor 4 Donation 5 Other (Specify)	val from State cametery,	crematory or othe	DISPOSITION (Na er place)		OATE 20c.		Otty or Town, State More, MD	
	Paul L. Hartsock, Jr, Baltimore, Maryland 21214 Leonard J. Ruck, inc. 5305 Harford Rd.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition Arteriosclerotic Cardiovascular Disease Arteriosclerotic Cardiovascular Disease								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
7	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WEI						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	1 (∇ YES 2 □ NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
H.	27. MANNER OF DEATN	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	28b. TIME (28b. TIME OF 28c. INJURY AT 2			LI Other (Specify) Red. OESCRIBE HOW INJURY OCCURED		
BY F	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation		INJUH	M 1 YES 2 NO					
	3 Suicide 8 Could not be distarmined 28s. PLACE OF INJURY — At hombuliding, stc. (Specify)			ne, larm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. XXECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
ш	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM :			29c, LICENSE HUM		MEN 29d. DATE SIG		SIGNEO (Month, Day, Year)	
TO B				M OCM			▶ 6	10 1993	
6	VILARON LOCKE,	MD 111	Penn S		, Balti	more, M	aryla	nd 21201	
9	JUN 1 1 1993	32. REGIOTBAR'S SIGNATURE	LEC.						



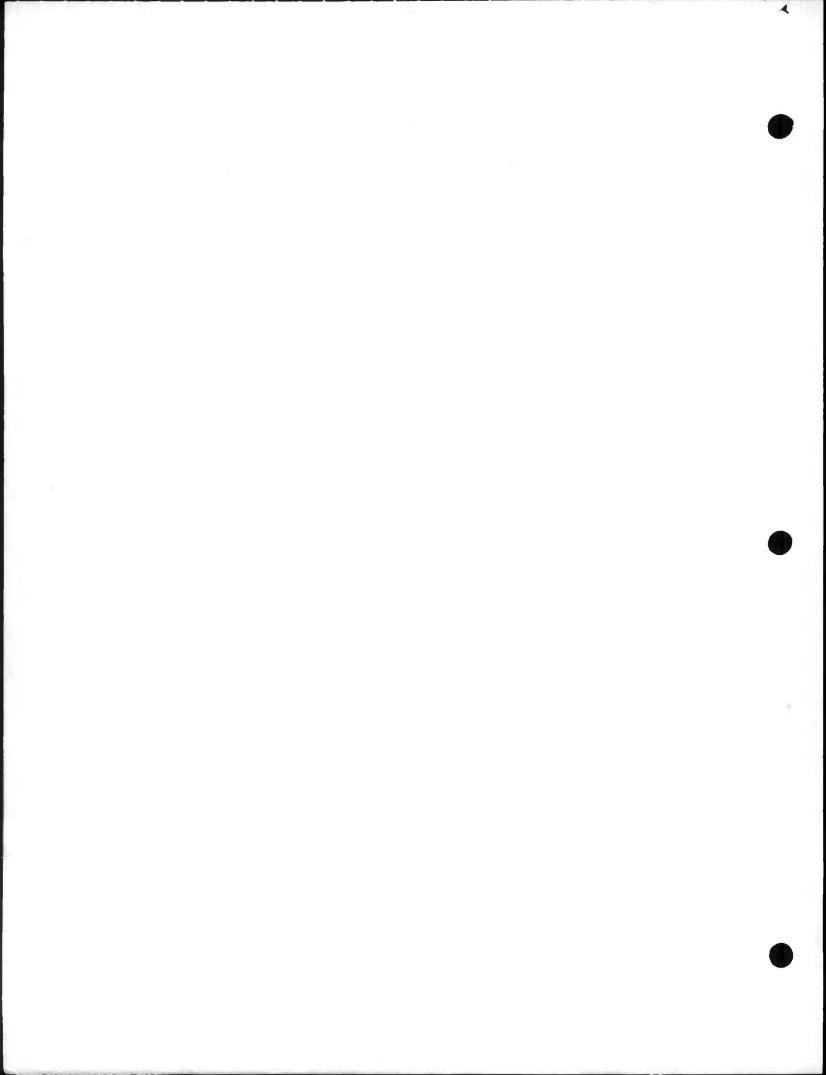
BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE CHARACTER ON STATE AND STATE THIS CARDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after the vice of the things that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed. So, as after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Widdle, Last)	EMMA	GEISI				DEATH	2	REG. NO.	4	243	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 N F	8. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER 24 H	_	2. DATE OF BIRTH (Morth, Day, Year) 03/05/98			IPLACE (State or Foreign	
144-16-8356 9a. FACILITY NAME (If not institution, give so ST. AGNES HOST	street and number)	95	YRS.	9b. CITY	-	DR LOCATION OF	F DEAT				N.J.	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			10c. CIT	y, town c		ON				10d. IHSIDE CITY LIMITS? 1 VES 2		
106. STREET AND NUMBER 98 SMITHWOO	DD_AVENUE	AVENUE				ZIP CODE	28		10g. CIT	IZEN OF V	VHAT COUHTRY?	
11. MARITAL STATUS 1 Hever Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 VA	IH U.S. ARMED 13. WAS DECENDENT OF HISPI 13. WAS DECENDENT OF HISPI 14. WAS DECENDENT OF HISPI 15. WAS DECENDENT OF HISPI 16. WAS DECENDENT OF HISPI 16. WAS DECENDENT OF HISPI 17. WAS DECENDENT OF HISPI 18. WAS DECENDED OF H				SPAHIC xican, F ecify:	ORIGIN? (Specify Yea Puarto Rican, atc.)	or No—		E — American Indian, c, White, atc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2		(Gi	CEDEHT'S ive kind of v Do NOT us	work done o	during mo	ON st of working OUSEWIF	—— Е	16b. KIHD OF BUS	HOME			
17. FATHER'S HAME (First, Middle, Last)					110			(First, Middle, Maiden				
WILLIAM SCH	HNEIDER					J	ULI	A WENDT				
19a. IHFORMANT'S NAME (Type/Print)		196						te Number, City or Yowi				
JUDY MAYS 20e_METHOD OF DISPOSITION 1 Alburiel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State							DATE 20c. LOG	CATION -		wn, State	
21. SIGNATURE OF FUNERAL SERVICE LI	CHYSEE	0		_		ID ADDRESS O	FACUL	7 - 7 7 -	TATTIT	111/1/	14.0.	
23. PART i. Enter the diseeses, or shock, or heert feilure.	complications that List only one ceus	caused the de	eth. Do r	LE 16	ROY	M. & R EDMONDS	USS ON	ELL C. WI AVE. CATO	NSVI	LLE,	MD.21228	
23. PART I. Enter the diseases, or	a. ASPICA DUE TO (C	Caused the de- te on each line. OR AS A CONSECUTOR OR AS A CONSE	DUENCE OF	LE 16 not enter	ROY	M. & R EDMONDS	USS ON	ELL C. WI AVE. CATO	NSVI	LLE,	MD. 21228 Approximata interval Between	
23. PART I. Enter the diseases, or shock, or heert fellure. immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	a. ASPICA b. DUE TO (c. DUE TO (c. d.	OR AS A CONSECUTION OF AS	DUENCE OF	LE 16	ROY 30 the mo	M. & REDMONDS de of dying,	USS SON Buch a	ELL C. WI AVE. CATO	AUTOPSY MED?	LLE,	MD.21228 Approximate interval Between Onset and Deatle	
23. PART i. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions.	a. ASPICA B. DUE TO (C DUE TO (C d. DUE TO (C	OR AS A CONSECUTION OF AS	DUENCE OF	LE 16	ROY 30 1 the mo	M. & REDMONDS de of dying,	USS ON such a	ELL C. WI AVE. CATO S cerdiec or respir	AUTOPSY MED?	LLE,	Approximate interval Between Onset and Death	
23. PART I. Enter the diseases, or shock, or heert feliure. immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificent condition	a. ASPICA b. DUE TO (c. DUE TO (c. d.	OR AS A CONSECUTION AS	DUENCE OF CONTROL OF C	LE 16 not enter	ROY 30 1 the mo	M. & REDMONDS de of dying,	USS ON Buch a	AVE. CATO S cerdiec or respir	AUTOPSY MED?	LLE,	MD. 21228 Approximate interval Between Onset and Death Onset	
23. PART I. Enter the diseases, or shock, or heert feliure. is shock, or cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANHER OF DEATH 1 Netural	a. ASPITALE B. DUE TO (C. DUE TO (C. d. D. D. DUE TO (C. d. D. DUE TO (C. d.	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 29b. TIM	LE 16 not enter	ROY 30 1 the mo	M. & R EDMONDS de of dying, de of dying, couse giver ace of Death s = Rasider	USS ON Buch a in Par	ELL C. WI AVE. CATO S cerdiec or respir	AUTOPSY MED?	LLE,	MD . 21228 Approximate interval Between Onset and Deatl D	
23. PART I. Enter the diseases, or shock, or heert feliure. immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	a. ASPITAL: DUE TO (C. DUE TO (C	DR AS A CONSECUTOR AS A CONSEC	DUENCE OF CONTROL OF C	THER 4 Hurse OF Hursy M	ROY 30 1 the mo	M. & REDMONDS de of dying, de of dying, ceuse giver ace of Death s 5 Raelder ark 7 ark 2 Ho	USS ON Huch a lin Pat	AVE. CATO AVE. CATO S cerdiec or reaple rt i. 24a. WAS AN. PERFORE 1 YES 2 only one)	AUTOPSY MED?	LLE, rest,	MD. 21228 Approximate interval Between Onset and Deatl WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO	
23. PART i. Enter the diseases, or shock, or heert feliure. immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	B. DUE TO (C. DUE TO (DR AS A CONSECUTOR AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIM IHJ	THER 4 Hurse LOF Marrest, factored at the tile	ROY. 30 1 the mo	M. & R EDMONDS de of dying, de of dying, ceuae giver ACE OF DEATH 5 □ Resider JRY AT RK? 2 □ HO and placa, and	USS ON Buch a lin Part (Check ce 6 28 28	AVE. CATO AVE. CATO S cerdiec or respir rt i. 24a. WAS AN PERFORI 1 YES 2 only one) Other (Specify) Od. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b.	Approximate interval Between Onset and Deatl Onset	
23. PART I. Enter the diseases, or shock, or heert feliure. immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANHER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSI	B. DUE TO (C. DUE TO (DR AS A CONSECUTOR AS A CONSEC	DUENCE OF DUENCE OF PARTY OF THE PARTY OF TH	ILE 16 not enter The state of the time of tim	ROY. 30 1 the mo	M. & R EDMONDS de of dying, de of dying, ceuae giver ACE OF DEATH 5 □ Resider JRY AT RK? 2 □ HO and placa, and	USS ON Huch a In Pat	AVE. CATO AVE. CATO Second correspond The control of the cause (a) and manual, and state and place, and and and place, and an	AUTOPSY MED? LEY NO RUURY OCCURRENCE AND THE MEDIT OCCURRENCE AND THE	24b. CURED or Rural R ed. e cause(a)	Approximata interval Between Onset and Deatl	



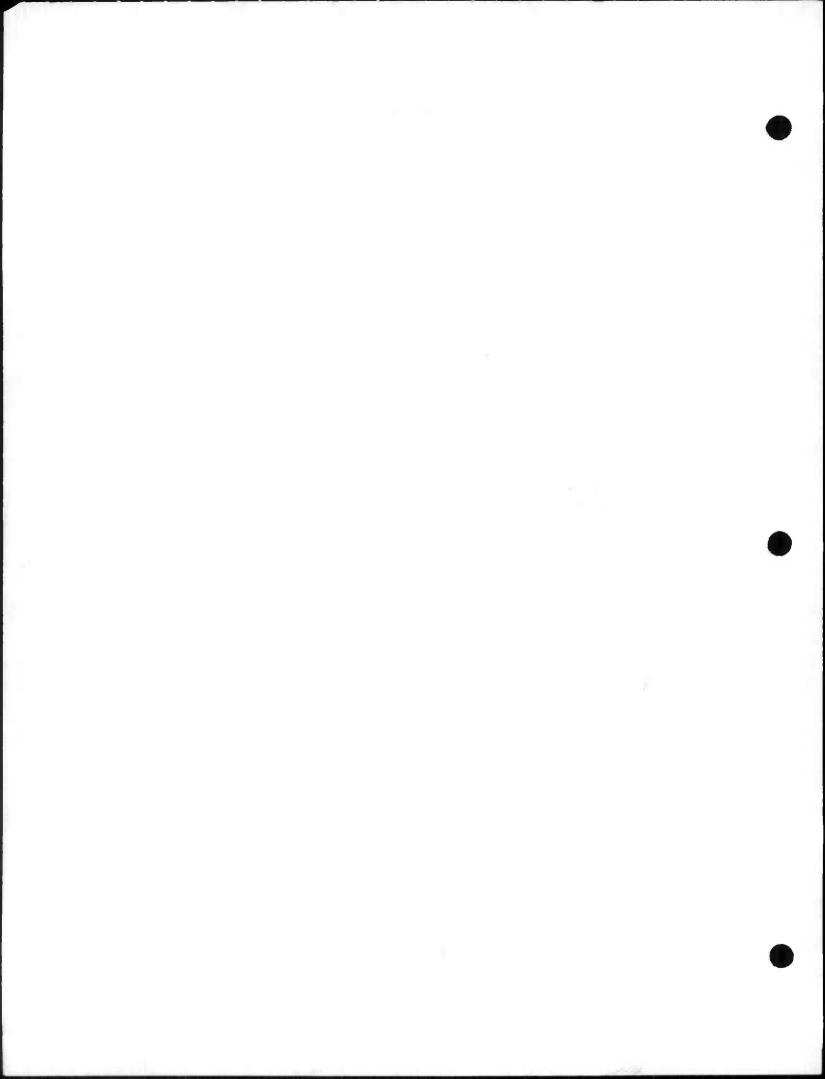
DHMH-16 Rev 1/89

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		HOLLAND					2. DATE O MONTH June	DAY	YEAR 1993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (in yrs. last bir	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	BIRTH Day, Year)	8. BIRTH Countr	HPLACE (State or Foreign ry)
	235-14-4865 9a. FACILITY NAME (If not institution, give		83	YRS.	Y TOWN	OR LOCATION OF		2, 1910		Maryland
DIRECTOR	5423 Denmore Av			30. GI		Ltimore	PEAIH	9c. C	OUNTY OF D	DEATH
E	10e. STATE 10b. COUN	ту	1	Oc. CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY
- 1	Maryland Maryland			Balti	more	3				TYPYES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE		10g, (STIZEN OF V	WHAT COUNTRY?
핗	5423 Denmore Ave					21215				SA
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	\$ 2 NO	D 13.	If yes, s	CENDENT OF HISPA pecify Cuban, Maxie 8 2 NO Spec	can, Puerto Ric	(Specify Yea or No- en, etc.)		
3	15. DECEDENT'S ED	UCATION	16a. DECEC	DENT'S USUAL O	CCUPAT	ION	16b. K	IND OF BUSINESS/	INDUSTRY	Black
COMPLET	(Specify only highest grad	College (1-4 or 5+)	life. Do	kind of work done NOT use retired.)	during m	ost of working	ĺ			
	12th Grade			Jocke	y (1	cacehors	e) ,	Jockey's	Guile	d
3	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N		ldle, Maiden Surname		
						Cora				
	19a. INFORMANT'S NAME (Type/Print)							City or Town, State,	Zip Code)	21228
	Carolyn Cole 20g, METHOD OF DISPOSITION	- / T				liam Dr		Baltimor		
	1 \(\text{Distriction} \) Burial 2 \(\text{Cremation} \) Cremation 3 \(\text{Rec} \) Re(4 \(\text{Donation} \) Donation 5 \(\text{Other} \) Other (Specify)	moval from State	ometery_cremate	ory or other place.	SITION/N	ame of	DATE	20c. LOCATION		
	21. SIGNATURE OF FUNERAL SERVICE L		n vete				O/ IC	Uwings	3 M111	s, Maryland Homes, Inc.
Ì	10		-	2	501	Gwmne 1	Falle	cter run Parkway	eral 1	Homes, Inc.
	23. PART I Enter the diseases, or	Emy, N		B	alti	more, Ma	arylan	Parkway d 21216		
N	disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AI	A CONSEQUE	NCE OF):	_ `	3770	P	et son	D	byos
יואטו	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS		2021210						
CERTIFICATION	resulting in death) LAST	d		- 0						
EDICAL	PART II. Other algnificant condition	ns contributing to death	but not resu	ilting in the u	nderlyin	g ceuse given in	Part I. 2	In. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	11017	2 y jev	V	مال			_ 1	YES 2 DUNG		COMPLETION OF CAUSE OF DEATH?
NICIOIS III.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (C	heck only one)			
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY	111111111111	DOA 4 Nu	sing Hon	ne 5 Nesidence				
	1 Nettoral 5 Pending 2 Accident Investigation	(Month, Day, Year,		Bb. TIME OF INJURY	1 🗌	JURY AT ORK? YES 2 NO	26d. DESCF	NIBE HOW INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUI building, etc. (St	RY — At homa, pecify)	farm, street, fac	iory, offic	:	26f. LOCATI City or	ON (Street and Numi Town, State)	per or Rural R	loute Number,
WOO	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the been ok my kno) and manner as stated.
ł	SHE SIGNATURE AND TITLE OF CERTIFIE	5/1	219			29c. LICENSE NU	IMBER 9	29d. D	ATE SIGNED	(Month Day, Year)
1	36. NAME AND ADDRESS OF PERSON W	HO COMPCETED CAUSE OF C	DEATH (ITEM 27	(Type, Print)		00				1111
ŀ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								
	JUN 1 1 1993 94	maximum don-1/01	O-CITTO							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DR WITENDING PHYSICIAN: The law requires that the death certificate be executed within 2- frouts after death. Page 6 may be retained by the hospital or attending physician.	9 4	f Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITE OF ATTENDING	TO THE FUNERAL DESCRIPE: After this be filed within 72 hours after death with	IMPORTANT: If item 28 is marked

DONALD G.

WRIGHT MD.

1 1993

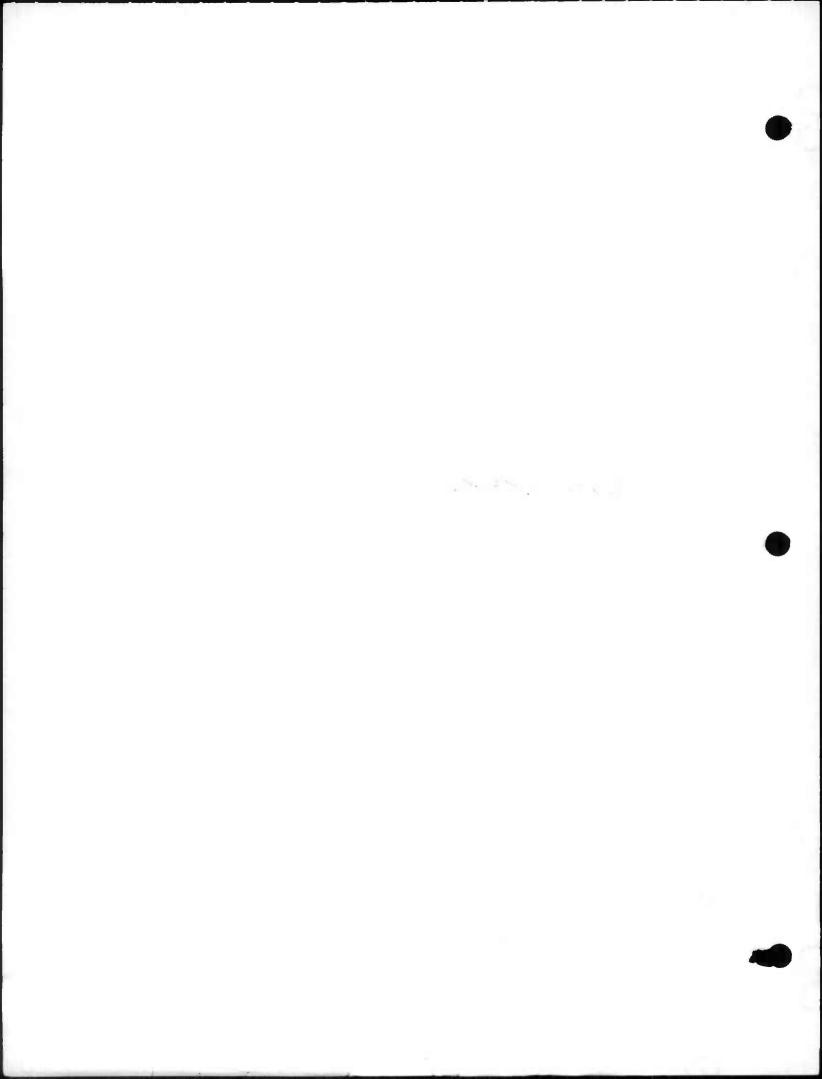
	REGISTRAR	STATE OF MARYL				EALTH AND DEATH		YGIENI EG. NO.	E -	3	1711	
:	1. DECEDENT'S NAME (First, Middle, Last)	PRIIDON			110 D	TON	2. DATE OF D	DA	y 10.	YEAR	3. TIME OF DEATH	
	HELEN 4. SOCIAL SECURITY NUMBER	DRUECK 8. SEX 8. AGE (in yrs. last birthday) IF UND	HOR'	IF UNDER 24 HRS.	7. DATE OF B	0.7 IRTH	19		12:40	PM
	361-12-8711		82 YRS.	MONTHS		HOURS MIN.					linois	-gri
_	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O											
FUNERAL DIRECTOR	CHARLESTOWN APARTMENTS CATONSVILLE BALT								LTIM	ORE		
E.	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									1	IDD. INSIDE CITY	
LD	Maryland Ba	altimore					nsvill	.e			YES 2 X N	ю
ERA	715 Maiden Choi	ice Lane	HV 220)	101	ZIP CODE	1228		10g. CITIZ	US.	AT COUNTRY?	
NO.	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	ILS ARMED	-	. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea	or No-	14. BACE -	- American Indian	,
BY F	1 Never Merried 2 Married 3 X Wildowed 4 Divorced	FORCES? 1 YES	2 XNO			ecify Cuban, Maxico 2 X NO Specia		, etc.)		Black, Specify:	White, atc.	
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT	S USUAL	OCCUPATIO	ON .	16h KINI	OF BUE	INESS/IND	LICTRY	White	=
E I	(Specify only highest grade co-	mpleted) College (1-4 or β +)	(Give kind o	work don use retired.	e during mo	st of working						
COMPLETED		5+	Schoo	ol T	each	ner	Chi	cago	o Pu	blic	Schoo	1s
	17. FATHER'S NAME (First, Middle, Last)	Desirola				18. MOTHER'S NA		, Maiden S	Surname)	3.7		
8	Charles 190. INFORMANT'S NAME (Type/Print)	Drueck	19b. MAII III	IG ADDRE	SS (Street a	nd Number or Rural	Mabel	the or Tour	Canto 7/m		rtin	
2	Helen H. Hamers	strom					nold.					
ı	20a. METHOD OF DISPOSITION 1 □ Burial 2 【**Cremation 3 □ Ramova	20b	PLACE AND DAT	E OF DISPO	OSITION (Na	me of	OATE			Sity or Town	n, Stata	
	4 Donation 5 Other (Specify)	Me	etro Ci			,Inc.		В	alt	imor	e, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	The the	2			ation S		, of	Md.	. I	nc.	
_		MacNabb		2	99 E	rederi	ck Roa	ad	Bal t	to.		228
	23. PART 1. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused it only one cause on e	the death. Do sch line.	not ente	er the mo	de of dying, suc	h sa cardiec	or reapir	atory srre	eat,	Approximate interval Bet	ween
	IMMEDIATE CAUSE (Finel disesse or condition	Articion	Peratie	0.	. 1	waseul					Onset and I	Death
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE	OF):	raco	vaseul	ar au	sear.	Ų			
Z	Sequentially list conditions, b											
Ĭ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):								
ERTIFICATION	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):								
ERI	resulting in death) LAST											
AL C	PART II. Other significant conditions of	contributing to death be	ut not resulting	in the u	ınderiying	ceuse given in	Part I. 24a.	WAS AN			ERE AUTOPSY FIND	
일							12	PERFORM		0	WAILABLE PRIOR TO OMPLETION DF CAL OF DEATH?	
ME							_				YES 2 NO	>
Ä	25. WAS CASE REFERRED TO MEDICAL				24 64							
SICI	EXAMINER?	IOSPITAL:	Itlent 3 DOA	OTHE	R:	ACE OF OEATH (Ch		off d				
훒┃	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. Ti	ME OF	28c. INJ	URY AT	28d. DESCRIB		JURY OCC	UREO		
	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆 Y	ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— Al home, farm	, street, fa	ctory, office		28f. LOCATION City or Tow	l (Street an n, State)	nd Number o	or Rural Rou	ite Number,	
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my known	edge death sec	red at the	time dat	and place and d	to the second			4		
Ž											nd manner as stat	ed.
O III												
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	1 5 /				29c, LICENSE NUI	IBER		29d. DATE	SIGNED (M	fonth, Day, Year)	
COMPLETED BY PHYSICIAN: MEDICAL	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	(Month, Day, Year) 28e, PLACE OF INJURY building, etc. (Spec	— Al home, ferm	4 Number	28c. INJI WO 1 V	RK? ES 2 NO	28f. LOCATION City or Tow	E HOW IN I (Street arm, State)	nd Number o	or Rural Rou		

111 Penn Street,

Baltimore,

21201

Maryland



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.

	1 - FOR STATE REGISTRAR	STATE OF MAI		TMENT OF H ICATE OF		MENTAL HYGIEN REG. NO	_	
1	1. DECEDENT'S NAME (Figst, Middle, Last) (John	0.	Himmelman	n		2. DATE OF DEATH MONTH	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yra. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
1 9	396-34- 2882	1 M 2 D F	54 YRS.	MONTHS DAYS	HOURE MIN.	2 13		Country) Wisconsin
1	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN O	R LOCATION OF D		9c. COUNTY	
S.	University Hospit	tal		Balti	imore Ci	tv	Ra1	timore City
5	RESIDENCE OF DECEDENT						Dai	cimore city
DIRECTOR	Land to the same of the same o		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Cari	LOTI			lbine			1 TES 2 NO
FUNERAL		D 1		101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
岁	DU 12 HOUGSING				21797			S.A.
	1 Never Married 2 X Married	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	13. WAS OEC	ENDENT OF HISPAI ecify Cuban, Mexica	NIC ORIGIN? (Specify Yas in, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	Vietna		1 TYES	2XXNO Specif	y:	- 1	Specify: White
<u>n</u>	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S	USUAL OCCUPATION	DN .	16b, KIND OF BU	SIMESS/INDLIST	
Ш	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of a	work done during mo	st of working			
. 로		2 Years	Major			Maryland	1 State	Police
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		101100
BE C	Arthur Wilh	elm Himme	lman		Minr	nie Franci	ie N	levers
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		
2	Mrs. Mary Ann Himm	ne1mann	5541	Woodbine	Road W	Moodbine, N	farvlar	nd 21797
	20a. METHOD OF DISPOSITION D☐ Burlet 2 ☐ Cremetion 3 ☐ Remov	at from State	20b.PLACE AND DATE	OF OISPOSITION (Na	me of			or Town, Stata
	4 Donation 5 Other (Specify)	TOTAL STATE	cemetery, crematory or o	Mem. Pa	rk	6/13 Syl	cesvill	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			D ADDRESS OF FA	CILITY		
	> Stephen N	1 dens	Klain	Burri	er-Queen	Funeral D	irecto	rs, P.A.21784
	23. PART I. Enter the diseasee, or co	mplications that ca	used the death. Do r	ot enter the mo	de of dving, suc	h as cardiac or respi	ratory arrest	nfield, MD
	shock, or heart failure. LI IMMEDIATE CAUSE (Final disesse or condition resulting in death)	let only one cause	on each line.	ui sl	lock		, = 1	Interval Between Onset and Death
z		DUE TO (DR	AS A CONSEQUENCE OF	ardia	1 inter	tin		1/1/2
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUÊNCE OF	ን ፡	a feet	1		1/1
E E	CAUSE (Disease or Injury that initiated events	OUE TO /OR	AS A CONSEQUENCE OF	may a	stey or	colusion	v	010
E	resulting in death) LAST		Green Contract	1000-1-	1 11 1	000	-o.ta	dil.
U	d.			Violence .	suga	vener ceres	Junes	one
CAL	PART II. Other aignificant conditions	. ()			ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
임		tolac	ev use			1 YES 2		COMPLETION OF CAUSE OF DEATH?
MEDI							. , , ,	1 YES 2 THO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
YSI	1 YES 2 ATO	1 Dinpatient 2 - ER	/Outpatient 3 DOA	OTHER: 4 Nursing Home	5 - Residence	6 Other (Specify)		
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Y	JRY 28b. TIM bar) INJ	E OF 28c. INJI	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
₽	1 Return 5 Pending 2 Accident Investigation	6/7/9	3		ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	JURY — At home farm, a (Specify)	treet, factory, office		261. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
E			Aron					
COMPLETED			knowledge, death occurre					
ŏ	one) 2 MEDICAL EXAMINER:	On the beals of examin	nation and/or investigatio	n, In my opinion, d	eath occured at the	time, data and place, an	d due to the ca	ruse(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	2			29c. LICENSE NUN	ABER	29d. DATE SI	GNED (Month, Day, Year)
	Milal I Gl	in to			U.Mn N	endoria,	▶ G	110193
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)		7		
	22. S. Gree.	e St.	Balt	». M	0			
41	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S				· · · · · ·	_	
1 8	JUN 1 1 1993	Julia David	lan-Andell					

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF		MENT	AL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)		H	OLGE		2. DAT	E OF DEATH			TIME OF OEA	тн
		HERBERT			ODCES			6 0		Z 6	5:36	\mathcal{D}^{M}
				rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTN	8.		NCE (State or F	
목		41/-40-00/0	M 2 □ F 50	YRS.	CHIEFA AT		4_	27-43		Md.		
3 should	or.	9a. FACILITY NAME (If not institution, give stree	- 10		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEAT	Н	
7, 2, 3	ē	JOHNS HOPKINS HO	DSPITAL		BALT	IMORE						
	DIRECTOR	10a. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LOCA	TION				10	d. INSIDE CIT	Y
permit. Pages	ā	Md		В	altimos	re				1	LIMITS?	NO
E	AL	10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEI		T COUNTRY?	
n. ansit	I III	52 N. Bentalou S	Street		2	21223			U.S.	. A .		
21215-0020 If or attending physician. Tor use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	NO	if yea, s	CENDENT OF NISPA pecify Cuban, Maxic S 2 NO Speci	en, Puerto	IN? (Specify Ye Ricen, etc.)	s or No- 14	Specify:	American Indinita, atc.	len,
r attending use as the	ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 16	a. DECEDENT'S	USUAL OCCUPATI	ON	16	b. KIND OF BU	SINESS/INDUS		Luck	
	E	The state of the s	College (1-4 or 5+)	life. Do NOT u	se retired.)	ust or working						
AND the hospital detached to once.	COMPL	12		Lab	orer			Cons	tructi	ion		
/LAN by the hox be detach at once.	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N.						
TARYI reained by should be	BE	Johnnie Hodge 190. INFORMANT'S NAME (Type/Print)	2			Rosau						
MAR retained 5 should notified	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				and Number or Rural						
ay be		Jean Gaines 200_METHOD OF DISPOSITION	205 84	5318	Belle OFDISPOSITION (N	Ville A						
efor, efor,		1 Buriel 2 Cremation 3 Remova	from State competer	y, crematory or c	Abor oloval		1		CATION — CH			
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE IL UIL	y mem	22. NAME A	6-1 ND ADDRESS OF F	Z+9	S Rai	naails	3 tow	n. Md.	1010
ALTI death. Pa funeral xamine		> 1//	111111		A770	et P. W	273	a Man	tiaian	nor	St. ZI	217
BALTIM after death. Page by the funeral dire moval. Ilcal examiner n	\vdash	23 PART I FORT the disease or con	unitinations That coursed the	a death Da	1		-					
BALTIN hours after death. Page ed in by the funeral dir or removal. medical examiner		23. PART I. Epter the diseases or con shock, or heart fallure. Lis	ona cause on aach	lina.	not antar the mo	oda of dying, au	ch aa ca	rdiac or reap	iratory arreat	i,	Approxim interval B	
24 fills		IMMEDIATE CAUSE (Final disease or condition	MULTIPLE INJUR	DIEC LITE	II COMPLICA	TIONS					Onset and	d Death
ompletely or vithin cremat event, i	1 1	resulting in death) a	DUE TO (OR AS A CO			11101/12					-	
executed and com o burial, matic ev	z		,		- ,						İ	
X	ERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	F):							
ate by prior tra	2	CAUSE (Disease or Injury										
certificate ding physi lygiene pri	빝	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE O	F):							
J = 5 - 5	빙	d										
2 5 2 2		PART ii. Other algnificant conditions of	contributing to death but r	not reaulting	in the underlyin	g cause given in	Part i.	24a. WAS AN			RE AUTOPSY F	
Z # P # Z	MEDICAL							PERFO		CO	MPLETION OF	
requires the seen signed of Health a shows any	W							1			DEATH? YES 2 [NO
e law req has been Dept. of 1 23 sho										_		
VIIAL AN: The lav ifficate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. P	LACE OF OEATN (C	heck only o	ne)				
CIAN: ertific the Si	IXSI	1 yes 2 □ No	Inpetient 2 - ER/Outpetie		4 - Nursing Hon	ne 5 🗆 Rasidence	8 🗆 Oth	er (Specify)	_			
NG PHYSIC fler this ce eath with the		27. MANNER OF DEATN 1 Natural 5 Pending	(Mowh Play, Year)		HIBY D WO	DRK?	28d. DE	SCRIBE HOW	NJURY OCCUR	ED		
After death	B	2 🕅 Accident Investigation	5/30/93	9:30		YES 2 XNO			STRUCK B		0	
TTENDIN TTENDIN TTOR: Aft after des	9	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — / building, etc. (Specify)		street, factory, offic	•	2100	BLK. W.	mnd Number or I	RY ST		*
- 4 4 5 5	COMPLETED	29a. CERTIFIER	STRE				BALTO					
로 복 전 ==	₽		N: To the best of my knowledge On the beals of examination and									
HOSF FUNE within		29b. SIGNATURE AND TITLE OF CERTIFIER			ni, iii niy opinion, c			a and place, ar				
TO THE HOSP! TO THE FUNER TO THE FUNER TO THE WITHIN	BE	1000 all \$ 11	Lilt MO			29c. LICENSE NU					nth, Day, Year)	
₽ ₽ ₽ 8 조	2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH	(ITEM 27) (Type	Print)	O.C.M.	. E.		06	/08	/93	
		DONALD G. WRIGHT MD	. 111			+ D-14	h 1	200 21			2166	
	1	31. DATE FILED (Month, Day, Year)		RE FEIII	PLIEE	t, Balt	LIMO	re, M	aryla	nd	2120	
	8	JUN 1 1 1993	32. REGISTRAR'S SIGNATURE Sulla Devide	-Mandell								

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TO THE FIGURAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.

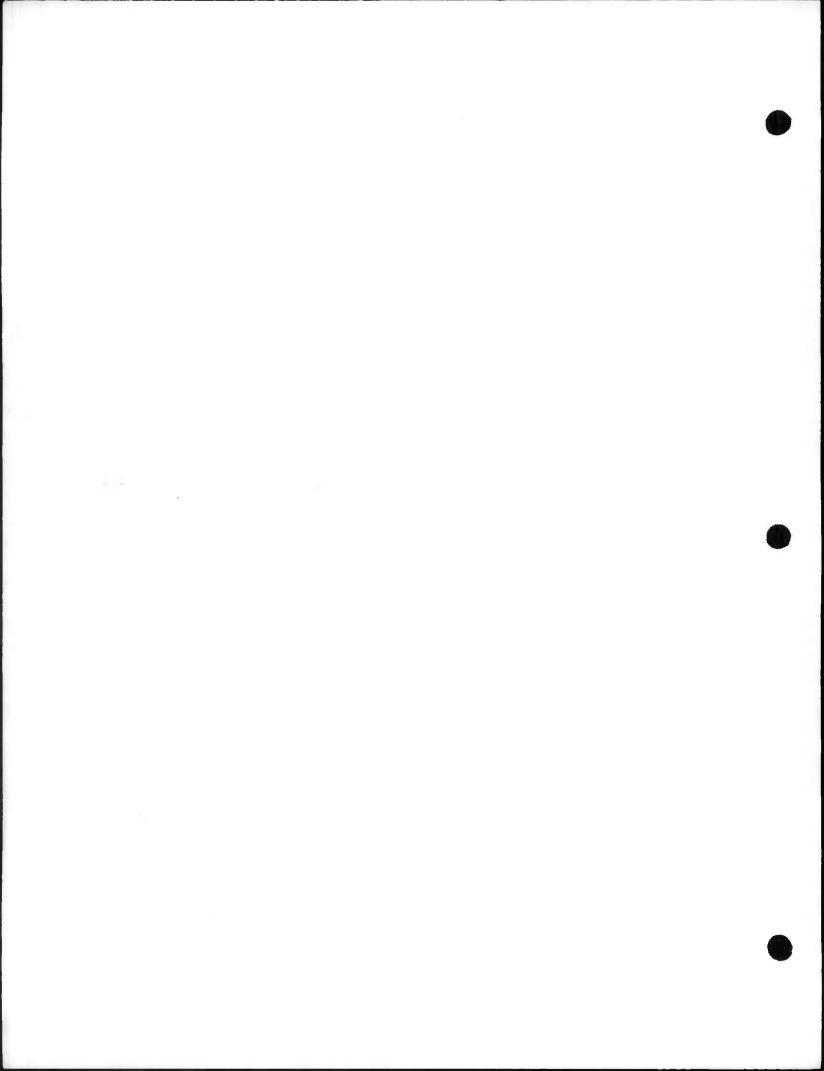
THE FIGURAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MINDERTAIL II Hem 28 is marked, or New any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

								1120				
1. DECEDENT'S NAME (First, Middle	Jaille	s L.	Hart	on				2. DATE OF DEA MONTH	DAY	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	HAR:	, , , , , , , , , , , , , , , , , , , ,			1			6	6	93	9 Am M	
The state of the s	5. SEX	6. AGE (In yrs. la		IF UNDER 1		OURS 2	MIN.	7. DATE OF BIRT (Month, Day, W	bar)	Coun		
240-09-153		84						12-25		-	7	
9a. FACILITY NAME (If not institution				9b. CITY, T			N OF DE	ATN		COUNTY OF		
MERIDIAN (2 Rom Well			BAL	1 /M	ORE				BALT	IMOCE	
10a. STATE 10b. (COUNTY		10c. CITY,	TOWN OR	LOCATION	N			10d. tNStDI			
Md.	Md.								1 # Y			
10e. STREET AND NUMBER					10f. ZI	P CODE			10g	. CITIZEN OF	WHAT COUNTRY?	
PESIDENCE OF DECEDE 10e. STATE 10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Marrie	36 Roundvie	w Rd.				21	.225			US	SA	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AL	RMED	13. W	S DECEN	DENT OF	NISPANI	IC ORIGIN? (Spec	Ify Yea or N	o 14. RAC	CE — American Indian, ck, White, etc.	
1 Never Married 2 Marrie 3 Widowed 4 Divorced		YES 2	NO		YES 2		Specify:	i, Puerto Rican, al	iG.)	Spe	offy:	
								1		Af	r. American	
15. DECEDENT (Specify only higher	'S EDUCATION st grade completed)	(0	ECEDENT'S U Sive kind of wo a. Do NOT use	ork done du	UPATION ring most o	of working		16b. KIND (OF BUSINES	S/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)		tire	d							
15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, L. 1.7.4.1.1.4.	201)					a MOTAL		AR OTHER ADDRESS OF	4-14 0			
IN I I ATTI	Horton				- [ara	ME (First, Middle, A h Hor		ime)		
19a. INFORMANT'S NAME (Type/Prin		140	b MAILING	INDEES /	Street eard	Mumbar a	v Premi D	loute Number, City	or Frum Ste	en Zin Codel		
	aniels	,						altimor			216	
29a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	TION (Name	of comet	nov creme	tony or	2	ne LOCATIO	ON — City or	Town, State	
1 Buriel 2 Cremation 3		other p Mt	. Zior	6/	11/9		, 0	1.5		downe		
21. SIGNATURE OF FUNERAL SER	,,	/		22, N/	ME AND	ADDRESS	S OF FAC	CILITY				
· /V.	2 DI A	10			Este	p Br	oth	ers Fun	eral	Home !	P.A.	
23. PART I. Enter the disease	. Ole	ny						w P1. B			Approximate	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	ellure. Liet only one co	neund	mic autor on	iy	Fa	ilu	rl				Interval Between Onset and Death	
Sequentially ilat conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE OF	+	-							
Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	!			_								
thet initiated eventa	DUE TO	OR AS A CONSE	OUENCE ON									
- Totaling in dooling Excer	L a											
PART II. Other elgnificant co	nditiona contributing	deeth but not	resulting in	the und	erlying o	ceuse gl	ven in		AS AN AUTO		Ib. WERE AUTOPSY FINDINGS	
	ernent	tin							YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								_ ' _			OF DEATH?	
								_				
25. WAS CASE REFERRED TO MED	HCAL				28 FLAG	CE OF OE	ATH (Che	eck only one)				
EXAMINER?	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 DOA	OTHER:	ng Nome	5 🗆 Res	idenca	6 Other (Speci	My)			
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	26s. DATE O	F INJURY Day, Year)	28b. TIME	OF 2	8c. INJUR	RY AT		26d. DESCRIBE		RY OCCURED		
I Printer 3 Printer	ng Igation	Day, rear)	INJU	M	1 YE	S 2 🗌	NO					
9 Culaida	28e. PLACE	OF INJURY At h	ome, farm, st	treet, factor	y, office			201. LOCATION (City or Town		Number or Rura	l Route Number,	
4 Homicide detaph		g, area (openiny)						Only or rown	, State)			
29a. CERTIFIER 1 CERTIFYIN	G PNYSICIAN: To the best	of my knowledge, o	leath occurre	d at the tim	e, date ar	nd place,	and due	to the cause(a) a	nd menner	as stated.		
(Orlock Orly)	EXAMINER: On the basis of										e(a) and manner as stated.	
	emples	1.	4	Λ		29c. LICEI	NSE NUM	IBFR	294	d. DATE SIGN	ED (Month, Day, Year)	
Ludui	1. Ai	Mis	M	7		1	22	645		6/8	-/ 93	
30. NAME AND AGORESS OF PEA		USE OF OEATN (IT	EM 27) (Type,	Print)	7.	I		4)		101		
FREDRE	_ / _ /	rekis	VV	I.D.	/1	214	06,4	BIRD	AVE.	DA	170.MD2132	
31. DATE FILED (Month, Day, Year)	32. REGISTI	don-Rand	. 22									
JUN 1 1 1993	Japan May	Mary Marky										



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DIVISION OF VITAL RECORDS, P.O.	The second distribution of the second
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1011 12 er bei 24 JR 10 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreig 1 W 2 F Ba 7977 DAYS 314-65--10-Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sklla Mari RESIDENCE OF DECEDENT DIRECTOR Towson 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. 1# YES 2 | NO Baltimore burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2916 E. Monument St. 21205 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 H Never Married 2 Married BY IF YES, GIVE WAR OR DATES Specify: Afr. American 3 Widowed 4 Divorced the funeral director, page 5 should be detached for use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Sumame) Herbert L. Holley Jr. F Rose Holler BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 0 2916 E. Monument St. Balto Md. 21205 Rose Holley pe 20a, METHOD OF DISPOSITION
1 ∰ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must Arbutus Park 6/7/93 4 Donation 5 Other (Specify) Arbutus, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. has been signed by the attending physician and completely filled in by to Dept, of Health and Mental Hygiene prior to burial, cremation, or remore n 23 shows any injury, or other traumatic event, the medical Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final schuma 24 disease or condition resulting in death) DUE DO (OR AS A CONSEQUENCE OF): enc executed within MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FWDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check of After this certificate I death with the State HOSPITAL 1 | YES 2 10 40 OTHER: 1 Impetient 2 ER/Outp AOD D C THE 5 🗌 Reside 0 27. MANNER OF DEATH DATE OF INJUR marked, 266. TIME OF INJURY 28c. INJURY AT WORK? BY 1 YES 2 NO 2 Accident PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Flural Route Number City or Town: State) DIRECTOR: A hours after de item 28 is 60 ETED 4 Homicide De rijed within 72 hours at IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the beingf my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. COMPL 2 MEDICAL EXAMINER: On the basis of eco red at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D 15504 06/04/93 28 2 E. Nakhuda M.D., 2300 Dulaney Valley Road, Towson, Md 21204 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year, 1 1993

	. Pages 1, 2, 3 should	
ending physician.	as the bunial-transit permi	
ained by the hospital or attending physic	should be detached for use	ifled at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Peer of Health and Mental Moriele orior to burial cremation or removal	MPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ecuted within 24 hours after	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Deet of Health and Mental Hydiene prior to burial cremation or removal	ry, or other traumatic event, the medical examiner
the death certificate be ex	y the attending physician and Mental Hydiene prior to	injury, or other trauma
CIAN: The law requires that	artificate has been signed to the State Dear of Health are	or item 23 shows any
AL OR ATTENDING PHYSIC	HE FUNERAL DIRECTOR: After this ce ad within 72 hours after death with the	If item 28 is marked,
TO THE HOSPIT	TO THE FUNER	IMPORTANT:

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		AND / DEPARTM CERTIFIC			MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, LTGyd	Last) d Lawrence Hall				2. DATE	OF DEATH	93	3. TIME OF 4:35	
4. SOCIAL SECURITY NUMBER 217-16-6215	1 M 2 F	9 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)	1 Ba	IRTHPLACE (State country)	
90. FACILITY NAME (If not institution, Greater Balti		enter **	Balt	More	DEATH		Bal	timore	
10e. STATE 10b. CC			OWN OR LOCATE					10d. INSIDI	57
100. STREET AND NUMBER 1740 Druid	Hill Ave		101.	ZIP CODE 2121	17		10g. CITIZEN	OF WHAT COUNT	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	2 NO	If yes, spec	NDENT OF HISPA offy Cuben, Mexic 2 NO Spec	an, Puerto R	? (Specify Yes lican, atc.)	or No- 14.	RACE — Americe Black, White, atc. Specify:	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) Cottege (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most	of working	16b.	KIND OF BUS	INESS/INDUSTI		
17. FATHER'S NAME (First, Middle, Las	11)			18. MOTHER'S N			Sumeme)		
Lloyd Hall 19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and			nglas	State Zin Code	a)	
Karen Holmes			Druid					2121	7
28. PART I Enter the diseases, shock, or heart fall	, or complications that coused	the death Do not					TO D.	11-A M	- 71
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Per production as a	consequence of:					atory arrest,	Inter	roximeta val Betwe et and Dec
IMMEDIATE CAUSE (Final disease or condition	a. PLAP COOR AS A DUE TO OR AS A DUE TO OR AS A C. MAN. I	consequence of:	is true	o sju	Lon	L-0.		Inter	val Betwe
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH YEAR 93 ISABELLE chano 6 1:20 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F -6502 13-20-YAS. 29 1926 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland **Baltimore** 1 X YES 2 - NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 4405 Norfolk Avenue 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: Specify: 3 🕅 Widowed 4 🗌 Divorced World War II **Black** 35 ED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest gr COMPLET jo Elementary/Secondary (0-12) College (1-4 or 5+) detached College Westinghouse Corporation Test Supervisor 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) be notified at Alexander Isabelle, Sr. director, page 5 should be BE Mabel Bennett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5850 Bellanca Drive Robert Frazier Elkridge, Maryland 21227 20s. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must complery, cramatory or other placal Arbutus Memorial Park 6/10 Baltimore County, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Marvland 21216 enlect 8 medicai 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter tha mode of dying, such as cardiec or reepiratory arrest, completely filled in by rial, cremation, or remo Approximate ehock, or heert feilure. Liet only one ceuee on eech line. interval Batween **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition Resource Tory Fe HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, been signed by the attending physician and control of Health and Mental Hygiene prior to burial, CA olon CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 Injury, PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: this certificate has b with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item item EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) marked, 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO After 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) FUNERAL DIRECTOR: A within 72 hours after de 28 is ED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER THE F BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) Keria Bren Tan mp
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) 6/5/93 2 3 2

Brew 31. DATE FILEO (Month, Day, Year) 11118/5/91903

University 32. REGISTRAR'S SIGNATURE

use as the burial-transit permit. Pages 1, 2, 3 should

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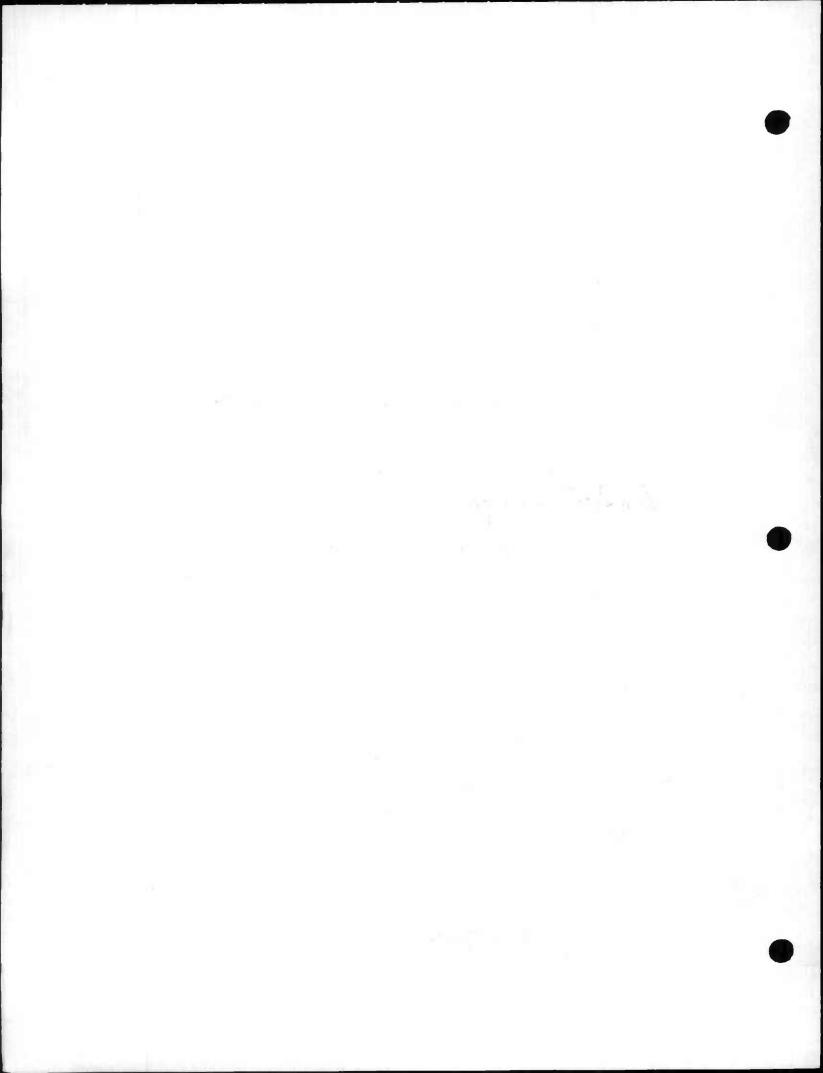
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH IZA 26 ones Q 60 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 - M 2 F 219-30-8319 92 Jan 31 1901 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Caton Manor Nursing Home Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3800 West Belvedere Avenue 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yee, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 YES 2 NO Specify. 3 X Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ Nathan Towles BE Julia Brown notified 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward I Nutter P.O. Box 296 Mollusk, Virginia 22517 pe 20s. METHOD OF DISPOSITION
1A Burlel 2 Cremetion 3 Remoral from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Mt. Calvary Cemetery 6/11 | Anne Arundel Co, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LIGHT 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Em mas medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximete Intervsi Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition FAILURE RENAL reaulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF):

1 YELO PRO LIFERATIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leeding to immediate cause. Enter UNDERLYING other t CAUSE (Disesae or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to deeth but not reaulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ANEMIA 23 shows any SEVERE 1 YES 2 1 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) HOSPITAL: ATHER: 1 YES 2 W 1 Inpatient 2 ER/Outpatient 3 DOA rsing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE DF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 2 Accident 5 Pending investigation M 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 69 8 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide Item 28 NA 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE FUNERAL C 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER) H 28c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 26395 Swit Julke 6-9-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTIMOR MAZIZOI SURJIT Julia Bathana Ampar JULICA MA



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, A	Middle, Last)								2. DATE OF	DEATH	-		3. TIME OF DEATH
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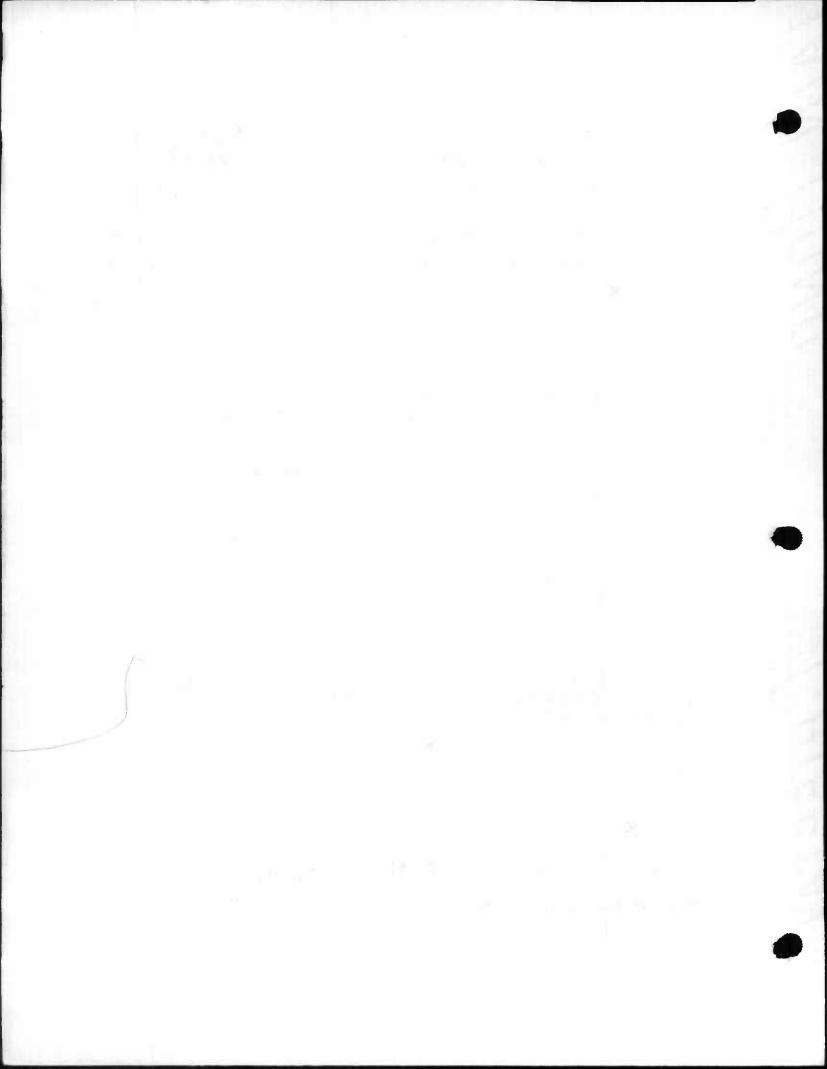
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within To hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR ours after death. Page 6 may be retained by the hospital or attending physician. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION THE

1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 17120
1. DECEDENT'S NAME (First, Middle, Last)	LLIAM	JON	VES	2. DATE OF DEATH DAY	YEAR 405 P. M
4. SOCIAL SECURITY NUMBER 212-01-6860	6. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10-22-1	8. BIRTNPLACE (State or Foreign Marry land
9a. FACILITY NAME (If not institution, give at SIZ TALE) RESIDENCE OF DECEDENT	BOT ROA	Co.	CITY, TOWN OR LOCATION OF	-	QUEEN ANNE
10a. STATE	HEEN AM	UNE 10c. CITY, TO	DWN OR LOCATION TEVENS!	ILLE	10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
100. STREET AND NUMBER	LBOT	ROAD	101. ZIP CODE	1666	G. CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Maxi 1 YES 2 NO Specific NO Specific No.		Id. BACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use re	done during most of working	166. KIND OF BUSINES	nts/Betteries
17. FATNER'S NAME (First, Middle, Last) Benjamin Jacob	Fllsworth lor	nes		NAME (First, Middle, Meiden Sume Henrietta M	
19a. INFORMANT'S NAME (Type/Print)	LIISWOT LIT JOI			of Route Number, City or Town, Ste	no. Zip Code) MD 21666 Rd., Stevensville,
Lucy M. Jones 20a, METHOD OF DISPOSITION C Burlel 2 Cremetion 3 Rem			DN (Name of cemetery, crematory o	20c. LOCATIO	ON City or Town, State
4 Donation 5 Other (Specify)		Julaney Va			onium, MD 21093
21. SIGNATURE OF FUNERAL SERVICE LIC	Dawson			hell-Wiedefeld	d 'imonium, MD 21093
	The second second		10 11. 14	donia Na., i	Intofficial, IND 21033
23. PART I. Enter the diseases, or a shock, or heart failure.	complications that cause	ech line	enter the mode of dying, a	uch se cardiec or respirato	ry arrest, Approximate
shock, or heert failure. IMMEDIATE CAUSE (Final		ech line	enter the mode of dying, a	uch se cardiec or respirato	ry arrest, Approximate
shock, or heart failure.	a. ACUTE	A CONSEQUENCE OF):	enter the mode of dying, as	INFARC	ry arrest, Approximate
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	a. ACUTE DUE TO (OR AS DUE TO (OR AS OUTE TO (OR AS OUTE TO (OR AS	A CONSEQUENCE OF):	enter the mode of dying, a	INFARC	ry arrest, Approximate
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. A CUTE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, and DEARDIAL DTIC HEA	INFARC	Approximate Interval Between Onset and Death ETION HOUR EASE YEARS
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventar resulting in death) LAST PART II. Other algnificent conditions	a. A CUTE DUE TO (OR AS b. ARTERI DUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, as PEARDIAL DTIC HEA	In Part I. 24e, WAS AN AUTO	Approximate Interval Between Onset and Death TION HOUR EASE YEARS OPSY AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition CONGESTINE POST— COLDENS OF COLDENS	a. A CUTE DUE TO (OR AS b. ARTERI DUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, as PCARDIAL DTIC HEA The underlying ceuse given URE, STA ECENT COLON	In Part I. 24a, WAS AN AUTO PERFORMED 1 YES 27	Approximate Interval Between Onset and Death CTION HOUR EASE YEARS TOPSY 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE
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shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE POST CONGESTIVE CO	List only one cause on a CUTE BUE TO (OR AS. B. ARTERI DUE TO (OR AS. B. DUE TO (OR AS. C. DUE TO (OR AS. DUE TO (OR AS. C. DUE TO (OR AS. C. DUE TO (OR AS. DUE TO (OR AS. C. DUE TO (OR AS. DUE TO (OR AS. C. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. C. DUE TO (OR AS. DUE TO (OR AS	A CONSEQUENCE OF): A CONS	the underlying ceuse given URE, STA COLON 28. PLACE OF DEATH (THER: Norma 6 Residence FY 28c. INJURY AT WORKY M 1 YES 2 NO et, factory, office	In Part I. 24a, WAS AN AUTT PERFORMED 1 YES 25 Check only one) 28d. DESCRIBE NOW INJUST 28f. LOCATION (Street and In City or Town, State) tus to the cause(a) and manner the time, data and place, and du	Approximate Interval Between Onset and Death TON HOUR EASE YEARS TOPSY 24b. WERE AUTOPSY FINDINGS AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Number or Rural Route Number, as stated.



ding physician.	the burial-transit permit. Pages 1, 2, 3 should		
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INSTANCE CINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
e law requires that the death certificate be executed within 24 r	has been signed by the attending physician and completely fille	one we have after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE ATTENDING PHYSICIAN: The	NEGAL DIRECTOR: After this certificate I	the with the State	NT: If item 28 is marked, or item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last) 74 551 6 40 0			
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In a last birthday) 1. Montries 1. DATE OF BIRTH 1. DATE			
2, 3 should	œ	De. FACILITY NAME (If not institution, give attreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH P. 1			
s 1, 2,	DIRECTOR	DOLLING DOLLING DELICATION DELICA			
permit, Pages 1,		Md Baltimore 1801E CITY LIMITS?			
- 15	FUNERAL	2472 Keyworth Ave 21215 16g. CITIZEN OF WHAT COUNTRY?			
ending physician. as the burial-transit	ВУ	13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No—			
or atten	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Specify only highest grade completed) [Give kind of work done during most of working into the complete of t			
he hospital or detached for once.	COMPL	Housewife			
\$ 5 TE	BE CO	77. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Millen Surname) LLATILES			
5 should	TO B	The MAILING ADDRESS (Street and Number or Rural Route Number, City or Your, Stele-Zip Code)			
2 8 0		Ob. METHOD OF DISPOSITION Sourise 2 Cramation 3 Ramonal from State 20 PLACE AND DATE OF DISPOSITION DATE 20c. Light And Date of Disposition 20 Cay or Town. State 20 Cramation 3 Cay or Town. State	death. Page e funeral direct.		L. SIGNATURE OF FUNERAL SERVICE LICENSEE 24. HAME AND ADDRESS OF FACILITY 12. SIGNATURE OF FUNERAL SERVICE LICENSEE 24. CONTROL OF FUNERAL SERVICE LICENSEE 25. CONTROL OF FUNERAL SERVICE LICENSEE 26. CONTROL OF FUNERAL SERVICE LICENSEE 27. CONTROL OF FUNERAL SERVICE LICENSEE 28. CONTROL OF FUNERAL SERVICE LICENSEE 29. CONTROL OF FUNERAL SERVICE LICENSEE 20. CONTROL OF FUNERAL SERVICE LICENSEE 20. CONTROL OF FUNERAL SERVICE LICENSEE 20. CONTROL OF FUNERAL SERVICE LICENSEE 21. CONTROL OF FUNERAL SERVICE LICENSEE 22. CONTROL OF FUNERAL SERVICE LICENSEE 23. CONTROL OF FUNERAL SERVICE LICENSEE 24. CONTROL OF FUNERAL SERVICE LICENSEE 25. CONTROL OF FUNERAL SERVICE LICENSEE 26. CONTROL OF FUNERAL SERVICE LICENSEE 27. CONTROL OF FUNERAL SERVICE LICENSEE 28. CONTROL OF FUNERAL SERVICE LICENSEE 29. CONTROL OF FUNERAL SERVICE LICENSEE 29. CONTROL OF FUNERAL SERVICE LICENSEE 20. CONTROL OF FUNERAL SERVICE LICENSEE
rs after deat n by the fun removal.	Щ	Carlton C. Dauglass 1701 McCullon St.			
within 24 houndletely filled in cremation, or vent, the me		Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due to (or As a consequence of):			
or to	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING			
ending I Hygle or oth	ERTIFI	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): d d			
by the atternal and Mental		PART II. Other significent conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO			
signed Health	MEDICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?			
SICIAN: The law requerificate has been the State Dept. of 1, or item 23 sho	IAN:	5. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)			
CIAN: The artificate has state or item	PHYSICIAN:	EXAMINER? 1 YES 2 NO NO NO NO NO NO NO			
DING PHYSIC After this codeath with t	ву РН	7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO			
ATTENDING ECTOR: After after death	B	3 Suicide 6 Could not be determined 6 Could not be determined 26a. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 26a. PLACE OF INJURY — At home, tarm, street, factory, offica City or Town, State)			
NEW COR	COMPLET	Se. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.			
TO THE HO TO THE OF	TO BE C	Bealing Dige No. D. D16492 \$6/8/93			
	=	BEATRIZ P. DIZONST. Print Description of the Completed Cause of Death (ITEM 27) (1/1/2) St. Goseph Hospital Consumal			
	/	UN 1 1993 fishe Deviden Andre			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

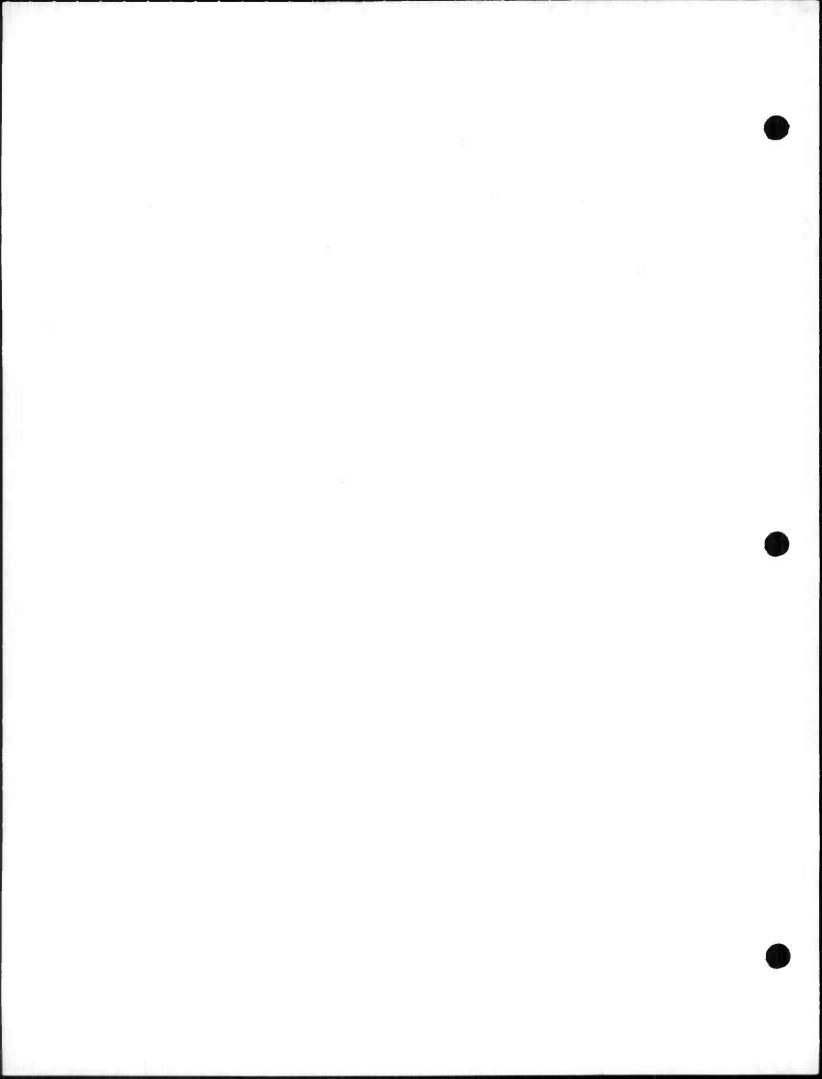
_	REGISTRAR		CERTI	FICATE (OF DEATH	REG. NO	D.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH			. TIME OF DEATH
- 1	GE0	RGE CL	INTON	LARKIN	IS	June 10	, 1993	YEAR	3:36 A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday			7 DATE OF BURTH		6. BIRTHPL	LACE (State or Foreign
	219-03-3475	1 🔀 M 2 🗆 F	71 vrs.	MONTHS D	AYS HOURS MIN.	(Month, Day, Year) 9/22/2		Country)	ryland
	9e. FACILITY NAME (If not institution, give st			9b, CITY, TO	WN OR LOCATION OF DE			ITY OF DEA	
Œ	Franklin Square			100	sville		200 - 200		
8	RESIDENCE OF DECEDENT	1103p1 ca1		KOS	SVIIIE		Be	altimo	ore
Ä	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR L	OCATION	-		1	Od. INSIDE CITY
5	Maryland Bal	timore		Perry	Hall			Ι,	LIMITS?
7	10e. STREET AND NUMBER				10f. ZIP CODE		10a. CITIZ		AT COUNTRY?
8	1 Haspert Rd.	Apt. 1C			21236			S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	12 140	DECENDENT OF HISPAN	IIC OBIORES (Secondary			- American Indian,
	1 Never Merried 2 🕅 Merried	FORCES? 1 X YE	ES 2 NO	If ye	s, specify Cuben, Mexica	n, Puerto Rican, etc.)	is or No.	Black, \	White, etc.
B⊀	3 Widowed 4 Divorced		V II	'	YES 2 X NO Specify	/:]	Specify:	
	16. DECEDENT'S EDUC	ATION	16e. DECEDENT	S USUAL OCCU	PATION	16b. KIND OF BU	ISINESS/IND	USTRY	White
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done durir use retired.)	ng most of working				
4	12 vr's	conege (1-4 of 3 4)	Body	Shop		Motor	No i ah	+ (2)	Carrier
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		Dody	Onop	18 MOTNER'S NA	ME (First, Middle, Meider		t Car	carrier
	Walter	D.	1	arkins			,		
H	19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural I		Kin		
2	Mrs. Regina J. I	arkins		ne as #		noute Number, City or los	vn, State, Zip	Code)	
	20a. METHOD OF DISPOSITION		206. PLACE AND DATE						
	1 X Buriel 2 Cremation 3 Remo		emetery, crematory of More				DCATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LIC		Hartsock, J		M. 6/12, ME AND ADDRESS OF FA		Baltim		
	2011	A raul L	nai usuuk,u				more,	dary	and 21214
	aul In Ha	uled.	7		onard J. Ru				rd Rd.
	23. PART i. Enter the diseesea, pr c	omplications that caus	ed the deeth. Do	not enter the	mode of dying, suci	h es cardiec or reep	iratory arre	est,	Approximate
	shock, or heart failure. I	10	/						Intervel Between Onset and Death
	disease or condition	CN;	NG C	ANC	an				Olisac and Death
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE	OF):					
z									j
ᅙᆘ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE	DF):					1
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury								[
<u> </u>	that initiated events	DUE TO (OR AS	S A CONSEQUENCE	OF):					
드	resulting in death) LAST								
- 11	DADT II Other elevidicest condition							4	
EDICAL	PART II. Other significant conditions	contributing to deeth	Dut not resulting	in the under	lying cause given in	Part i. 24a. WAS AF PERFO			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă						1 YES :	NO NO		OMPLETION OF CAUSE F DEATH?
闄								1 1	YES 2 NO
z I									
≶ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (Chi	ick only one)			
Š	1 TES 2 NO	HOSPITAL: 1 Inputient 2 ER/O	utpatient 3 DOA	OTHER:	Nome 5 Residence	8 Other (Specify)			
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year			. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCC	URED	
BY	1 Neturel 5 Pending 2 Accident Investigation	(morall, buy, rour	′ "		YES 2 NO				
	3 Suicide 8 Could not be	26e. PLACE OF INJU building, etc. (S)	RY — At home, farm,	street, fectory,	office	28f. LOCATION (Street	and Number o	or Rural Rou	te Number,
COMPLETED	4 Homicide determined	sonony, etc. (S	oechy)			City or Town, State)		
ון ע	290. CERTIFIER 1 CERTIFYING PNYSIC	CAN: To the best of my kn	mulados de elle accus	and at the time	400 4 4 4				
È II	(Check only one) 2 MEDICAL EXAMINER								
- 18			// -	1					
	296. SIGNATURE (NO TITLE OF BERTIFUE)	11 alles	94)	29c, LICENSE NUM	IBER ファレ	29d. DATE	SIGNED (M	fenth, Day, Ybar)
a II.	30. NAME AND ADDRESS OF PERSON WHO	july p		/	10-00	1 6 0	1	1100	-1 >
	Jose Hernandez	M D	5 000 000		.:+		7		
,				Dr. Su	ite 509				
	31. DATE FILED (Month No. 14	Julia Britania	WATURE DE						
	JUN 1 1 1993	TURE DELICANT	Moderate						

TO THE HOSPITAL OR ATTENDING-PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hour after leath with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item X-L. warked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1 - STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The HATERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the Cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ifem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CEI	TIFIC	AIE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	AGNES M	ΙΔΙΝ	E D			MC	ATE OF DEATH		YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b		UNDER 1 YEAR	IF UNDER 24 HR	_	5 8		3	
		1 M 2 YF	10,000	MON	THE DAYS	HOURS MIN	i. (M	NTE OF BIRTH Ionth, Day, Year)	- 1	8. BIRTHPL Country)	ACE (State or Foreign
	178-18-4354		84	YRS.			12	2-28-08	3 N	VEW S	JERSEY
	9a. FACILITY NAME (If not institution, give a	street end number)		9b.	CITY, TOWN	OR LOCATION OF	F DEATN		9c. COUNT	TY OF DEAT	TN .
5	707 N. CHAPEL	GATE LAN	*						RAL	TIMO	וסני
DIRECTOR	RESIDENCE OF DECEDENT								DAL	1 1110	7116
뿐	10e. STATE 10b. COUNT			10c. CITY, TO	OWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
	MARYLAND BA	LTIMORE								1	YES 2 XNO
4	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
E	707 N. CHAPEL	GATE LANE	-			21229			11	ISA	
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMI	FD			PANIC OP	GIN? (Specify Yee			American India-
	1 Never Merried 2 Married	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuban, Me	xican, Puer	rto Rican, etc.)	U. 110-		American Indian, /hite, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1 YES	2 KNO Sp	ecity:			Specify:	ITE
	15. DECEDENT'S EDU	CATION	16a DECE	DENT'S HEH	AL OCCUPATION	OM .		16b. KIND OF BUS	INECC/INDI		
	(Specify only highest grade	completed)	(Give	kind of work o NOT use ret	done during mo	st of working		IOD. KIND OF BUS	MNESS/INDO	SINI	
2	Elementary/Secondary (0-12) 13 YEARS	College (1-4 or 5+)		MEMAK	,						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1101	IL IIAN	LIV						
8	JOHN A. LYNCH							st, Middle, Maiden	,		
BE								H GENG			
0	19e. INFORMANT'S NAME (Type/Print)							lumber, City or Town			
F	BISHOP EDWARD L	LAWYER	70	07 N.	CHAF	EL GA	TE L	AND BA	LTO.	MD.	21229
	20a. METHOD OF DISPOSITION	Volv. restant									
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovat from State	ST BR	LOGE T	S CE	EN MO	UNI	0-184P	SSB0	BTIA	MQ.
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	сендее /			22 NAME A	ID ADDRESS OF	EACH ITY				. 0.
	1 Jun 1	V.V	1.		KACZ	OROWS	KI F	UNERAL			
_9	- NOUMILANDO	tassin	yu.		2525	FLEE	T ST	. BALT	0. M	D. 2	1224
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that c	susad the deat	h. Do not e	entar the mo	de of dying, a	such as c	ardiac or reepi	ratory arre	at,	Approximate
	IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition	M43	(AIGIN)	IN	fme.	hom					
	resulting in death)	OUE TO (OF	AS A CONSEQUE	ENCE OF):	.,,,,,						
- 1		Con	na an	Man	Dire	ne.					1
CERTIFICATION	Sequantially ilst conditions,	b. DUE TO (OF	AS A CONSEQUE	ENCE OF							
A	If any, leading to immediate cause. Enter UNDERLYING			V							į l
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OF	AS A CONSEQU	ENCE OF:							
FI	resulting in death) LAST	1-									
第 1		d									
	PART ii. Other aignificent condition	a contributing to da	ath but not rae	ulting in th	na underlyin	ceuse given	in Part i.			24b. WI	RE AUTOPSY FINDINGS
5 ∥	of egon ma							PERFOR			ARLABLE PRIOR TO IMPLETION OF CAUSE
EDICAL	chl. l. the or							1 TYES 2	NO		DEATH?
	_ con in min	<u> </u>								1.	YES 2 NO
A I											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-	OT	26. PI	ACE OF DEATH	(Check only	(one)			
YS	1 TYES 2 NO	1 - Inpatient 2 - El	R/Outpatient 3			5 Nesiden	ce 8 🗆 O	ther (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,		286. TIME OF		URY AT	28d. I	DESCRIBE NOW IN	JURY OCCU	JRED	
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF II building, etc.	JURY — At home	, farm, street	t, fectory, offic	•	28f. L	OCATION (Street e	nd Number o	r Rural Rout	e Number,
巴	4 Nomicide datermined	building, etc	. (орвспу)				,	Offy or Town, Steta)			
COMPLETED	29e. CERTIFIER					-					
물	(Check only one)										
Š I	2 MEDICAL EXAMINE	H: On the besie of exam	ination end/or inv	eatigation, in	my opinion, d	eath occured at	the time, d	late end place, end	due to the	ceuse(e) er	id menner ee stated.
шШ	29b. SIGNATURE AND TITLE OF CERTIFIE	1				29c. LICENSE	NUMBER		29d. DATE	SIGNED (M	onth, Day, Year)
0	Commed P. T.	trank	MD			D34	95	1	Þ 6	121	13
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM 2	27) (Type, Prin	()						
	EPMUND P. There					e Rul	1 m	D 2122	10		
	31. DATE FILED (Month, Day, Year)	A 33mm 1019	O'GNATUPE-	,, 00	- 1-4 p	DA	1 /	1000	1		
8	JUN 1 0 1993 4	Ma Devidson	Mydell.	**							
V	A DILL TO 1000	N. I									

to the rest to propagation on the fact the engineers BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND N	MENTAL HYGIEN		11124
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 1	Mary Alice	Case M	iller			June 9, 1		12:10 A M
- 4	A STATE OF THE PARTY OF THE PARTY.			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
			6 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) Jan.4, 191		outh Dakota
	9a. FACILITY NAME (If not institution, give stree	t and number)	96	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
DIRECTOR	1915 Knollton Rd.			Lutl	therville Baltimore			imore
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN DR LOCATI	ON			10d. INSIDE CITY
	MD BAI	TIMORE	Lu	thervil	lle			LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?
E	1915 Knollton Road			21	L093		USA	
FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECE	ENDENT OF HISPANI	C ORIGIN? (Specify Yes		RACE - American Indian,
ВУ	1 Never Married 2 AMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR DR DAT	TES AND		2 XND Specify:	, Puerto Rican, etc.)		Black, White, etc. Specify:
								White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	(Give kind of work	done during mos	N It of working	16b. KIND OF BU	SINESS/INDUS	TRY
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re					
M		4	Superviso	r of Nu		Medic		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden	Sumame)	
BE	Roy J. Case					ola Beckl		
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		· ·
	Joseph M. Miller,	M.D.	1915 K	nollton	Rd., Lu	therville	, MD 2	1093
- 1	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remova		PLACE AND DATE OF D	ISPOSITION (Nan	ne of	DATE 20c. LO		or Town, State
	4 Donation 5 Other (Specify)	Du.	laney Val	ley Men			_Timo	nium, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Lewson			ADDRESS OF FAC	ury 11-Wiedefo		
	Martin D. Ka	wson				Rd., Time		
	23. PART i. Enter the diseases, or com	plicetions that ceused	the deeth. Do not	enter the mod	le of dving, such	as cardiec or respi	ratory errest	Approximate
	shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition	t only one cause on each	ch line.	4:	,			Interval Between Onset and Death
	resulting in death) s	DUE TO (DR AS A	Hemm	MA				yan
_		DUE TO (DR AS A C	CONSEQUENCE OF):					U
CERTIFICATION	Sequentially list conditions, b	DUE TO (DR AS A (CONSEDUENCE OF:					
AT	If any, lesding to immediate cause. Enter UNDERLYING		onorporince or j.					
윤	CAUSE (Disesse or Injury that initiated events	DUE TO (DR AS A C	CONSEDUENCE OF):					
E	resulting in death) LAST							j l
빙	d							
AL	PART II. Other significent conditions c	ontributing to death but	t not resulting in th	he underlying	ceuse given in P			24b. WERE AUTOPSY FINDINGS
5						PERFOR	meo.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					· · · · · · · · · · · · · · · · · · ·	_ ' ' ' ' '	8.00	OF DEATH?
-						-		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26, Pl 4	ICE DF DEATH (Chec	k only one)		
8		OSPITAL;		THER:	./			
ΞH	27. MANNER OF DEATH	28a. DATE DF INJURY	26b. TIME OF		5 Residence 6	28d. DESCRIBE HOW II	WIEW OCCUP	FD.
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	ES 2 NO	240. DESCRIBE NOW II	Sun Occun	
À	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY -	- At home, farm, stree		- 111	26f. LOCATION (Street a	met Museuban an I	2-72-4-11-4
8	4 Homicide Getermined	building, etc. (Specify	1)	i, lastory, office		City or Town, State)	nu number or r	tural rioute Number,
W	29a. CERTIFIER							
COMPLET	(Check only	N: To the best of my knowled	dge, death occurred at	the time, data a	and place, and due to	o the cause(a) and man	ner as stated.	
8	2 MEDICAL EXAMINER: C	ri the Deals of examination (eng/or investigation, in	my opinion, de	ath occured at the ti	me, data and place, en	d due to the co	ouse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	And			29c. LICENSE NUME	DER	29d. DATE SI	GNED (Month, Day, Year)
5	Collin	Am -			11172	, 1 -	D-	10-00
-	30. NAME AND ADDRESS DF PERSON WHO CI	DMPLETED CAUSE DF DEAT	H (ITEM 27) (Type, Prin	1)				ă ,
	Robert E. Stoner,	M.D. 120 S	ister Pie	rre Dr	ive. Tows	son, MD 21	204	
, I	31. DATE FILED (Mogth, Day, Year)	32. RESTRAR'S SIGNAT	URE					
	JUN 1 1 1993	CHARA Jana	- Randella					1

DHMH-18 Rev 1/89

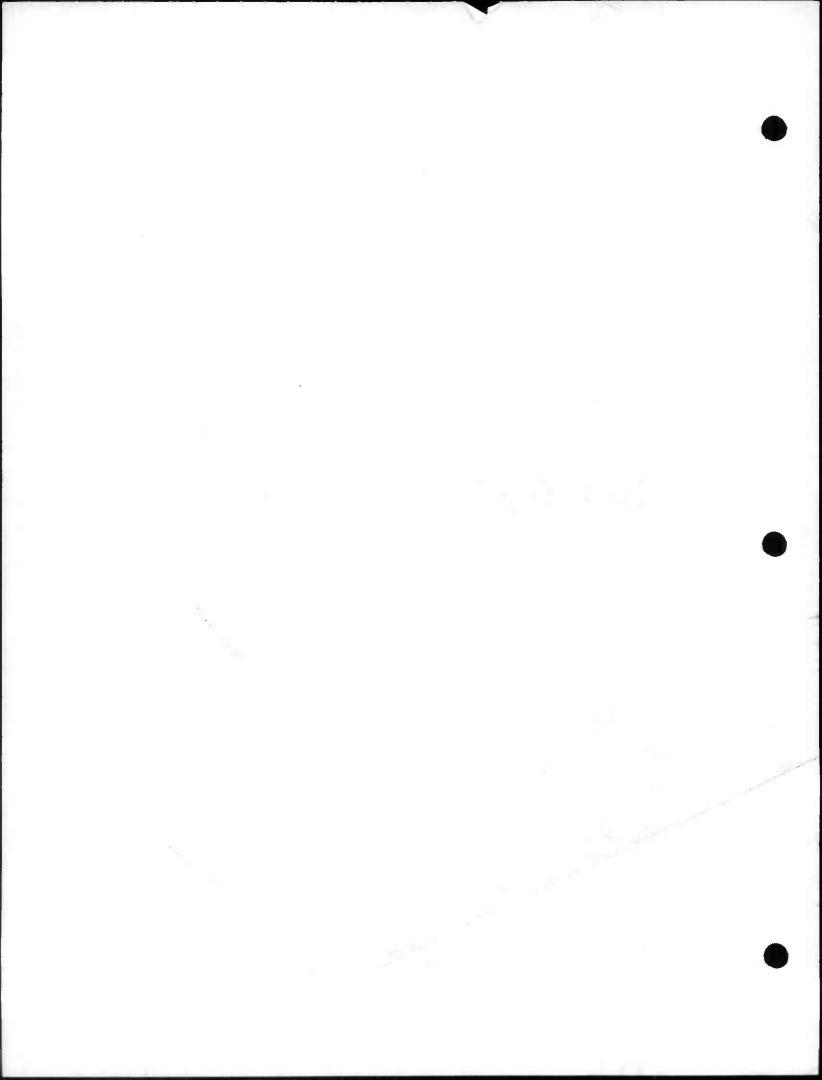
BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

- 3	JOHN RUSSELL A 4. SOCIAL SECURITY NUMBER 214-03-4061406	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS	MAnagh Day Mana	S. BIR	RTHPLACE (State or Foreign untry) USA
OR	98. FACILITY NAME (If not institution, give SHOCK TRAUMA CEN		9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND TALBOT EA			TOWN OR LOCATION EASTON	tou. iiva		
FUNERAL	100. STREET AND NUMBER 18 DOWNING STREE	ET .		101. ZIP CODE 216	01	10g. CITIZEN OF	F WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENDENT OF HIS If yea, specify Cuban, Max 1 — YES 2 X NO Spe	Ican, Puerto Rican, etc.)	or No 14. RA Ble Sp	ACE — American Indian, ack, White, atc. sectly: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2		Iffe. Do NOT use r	k done during most of working	16b. KIND OF BUSI		COMPANY
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOHN H. MCQUAY			D	NAME (First, Middle, Malden S OROTHY COLL I	INS	
10	196. INFORMANT'S NAME (Type/Print) RUTH N. MCQUAY		196. MAILING AT	DOWNING STREET	, EASTON, MD	, State, Zip Code)) 21601	
	20a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State 200	DRELAND ME	PARK CEM.		CATION — City or BALTIMOR	
	21. SIGNATURE OF FUNERAL SERVICES			22. NAME AND ADDRESS OF 3111 MOUNTA PASADENA, M	FACILITY STALLIN	IGS FUNE	RAL HOME,
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):	the cros	Dannie	A STATE OF THE STA	Doy
ERTI	resulting in death) LAST	d					
EDICAL	PART II. Other significent condition	dns contributing to deeth t	ut not resulting in	the underlying cause given	1 YES 3	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. ns contributing to deeth b. HOSPITAL:		28. PLACE OF DEATH (PERFORM 1 VES 3	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS
EDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Dates 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 4	26. PLACE OF DEATH (ITHER: Nursing Home 5 Residence) F 28c. INJURY AT WORK?	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [] TES 2 NO	HOSPITAL: Inpetient 2 ERVOUTS 28e. DATE OF INJURY (Month, Day, Veer) 5	patient 3 DOA 4 28b. TIME C 1NJUR //3 O — At home, lerm, stre	28. PLACE OF DEATH (THER: Solution Solution	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW IN. DRIVER IN. 281. LOCATION (Street and Check of Specify Spec	JURY OCCURED N AUTO and Number or Flura	ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO A LICO IME
ETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Outs 28a DATE OF INJURY (Month, Day, Year) 5 Z Z 28a PLACE OF INJURY building, etc. (Special Clans) SICIAN: To the best of my know	Destient 3 DOA 4 28b. TIME C 1NJUR // 3 O — At home, lerm, stre- zhy) ON ROA ledge, death occurred a	28. PLACE OF DEATH (THER: Solution Solution	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW IN DRIVER IN 281. LOCATION (Street an City or Yown, State) RT . 50 & A	JURY OCCURED N AUTO nd Number or Rural AIRPOR	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ALTO IMP ARE Number, T ROAD
TED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: Impellent 2 ERVOUTS	Detient 3 DOA 4 29b. TIME 0 11.3 O 1.3 O NO ROP ledge, death occurred a n and/or investigation.	26. PLACE OF DEATH (PTHER: Nursing Home 5 Residence FY 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, date and place, and d in my opinion, death occurred at 1 29c. LICENSE N	Check only one) a Other (Specify) 28d. DESCRIBE HOW INDEX City or Town, State) RT . 50 & Description of the cause (a) and manning time, date and place, and manning time, date and place, and the cause (b) and the cause (city or Town, State)	JURY OCCURED N AUTO nd Number or Rural AIRPOR	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO / ALTO IMF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

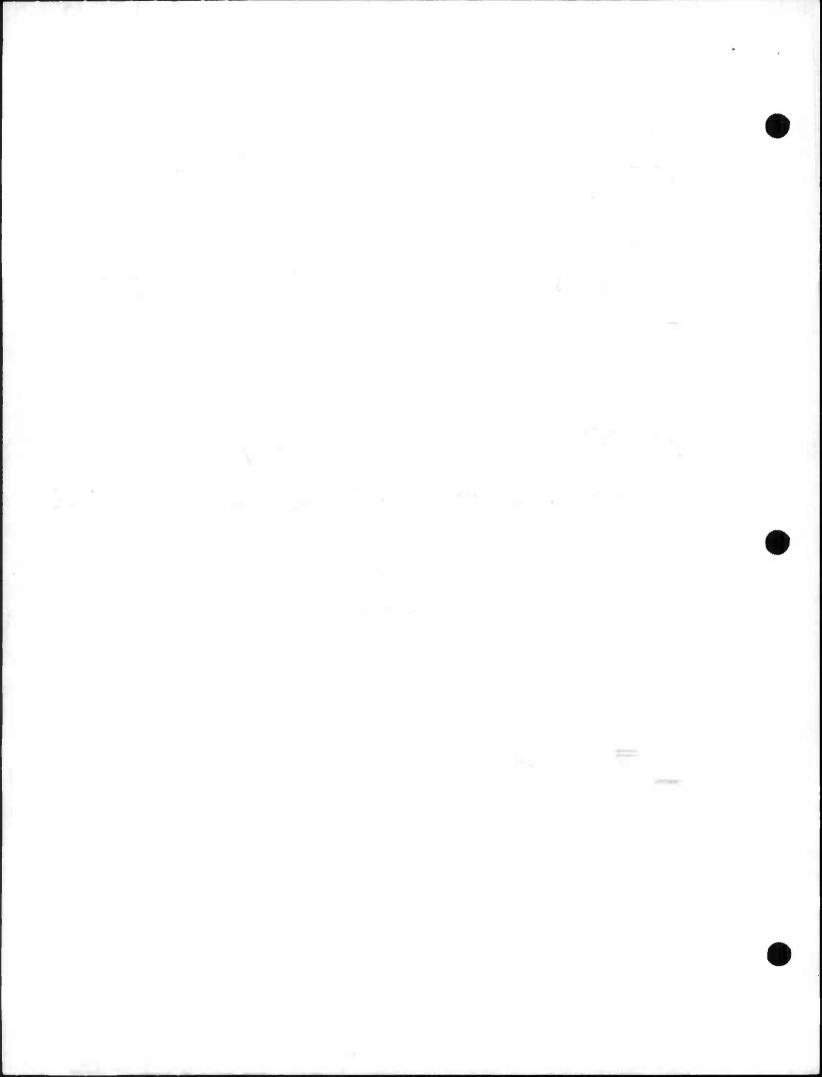


BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

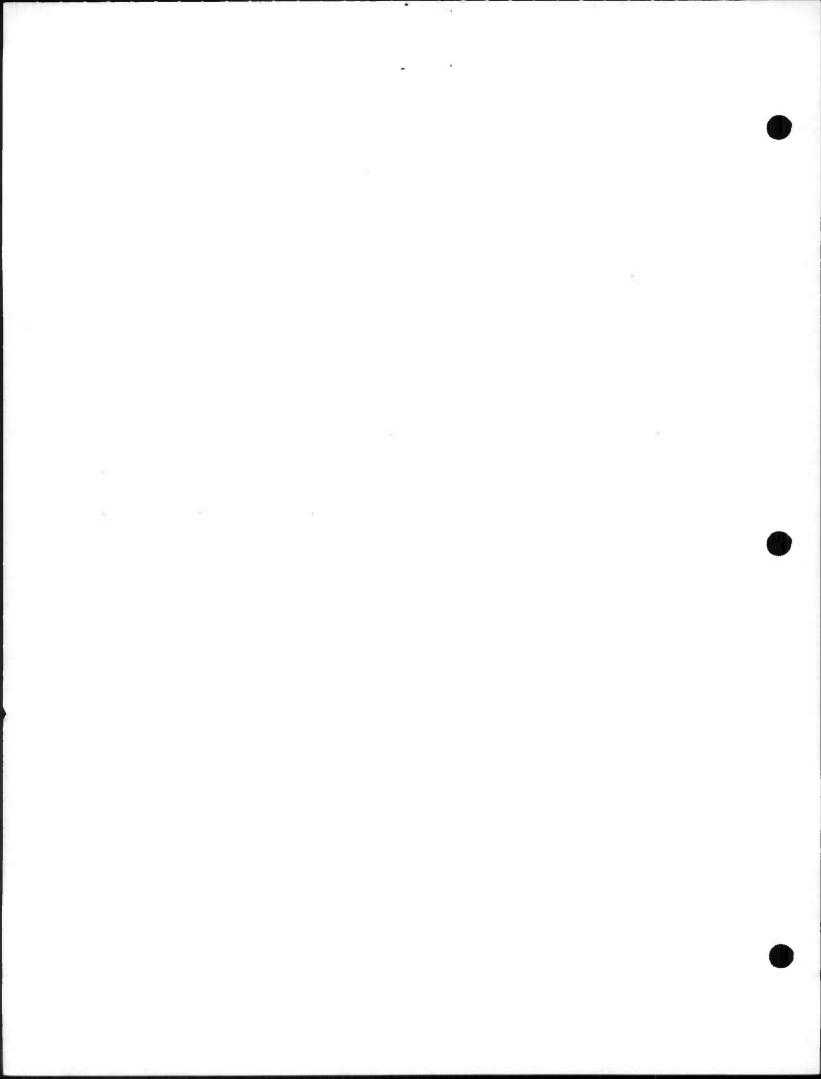
1 - DECEMBRY NAME (First Middle Last)

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	CHARLES NEYMAN				JUNE 6	1993 12:40 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. BIF	TTHPLACE (State or Foreign	
	101-05-6244	1 M 2 - F	86 YRS.	NONTHS DAYS HOURS MIN	JULY 03, 4001/19	06 E	NGLAND	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
E E	WASHINGTON ADVENTIST HOSPITAL			TAKOMA PARK		MONTGOMERY		
18	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
<u>=</u>	MARYLAND MONTGOMERY .			ROCKVILLE			1 YES 2 NO	
A P	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	6111 MONTROSE ROAD #920			20852		U.S.A.		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Y		fea or No.— 14. RACE — American Indian,		
	1 Never Married 2 Married FORCES? 1 YES 2 HO			If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:		Black, White, atc.		
B	3 V Widowed 4 Diverced					WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION	18a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUS	HESS/INDUSTRY		
[4]	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most of working retired.)				
Į d		1	SALESI	IAN	TOBACC	O PRODU	ICTS	
ő	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE C	MAX NEYMAN ANNIE CARONOFSKY							
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILIHG ADDRESS (Street and Humber or Rural Route Number, City or Town, State, Zip Code)							
2	ELAINE ALBERT 6911 MAYFAIR ROAD, LAUREL, MARYLAND 20707							
	206. METHOD OF DISPOSITION 200 DISPOSITION 200 DISPOSITION							
	20b. PLACE APPOSITION DATE 20b. PLACE APPOSITION Name of DATE D							
	STETN HERDEW HENDETAL EUNEDAL HOUSE TAIC							
	232 CARROLL STREET, NW. WASHINGTON, D.C.							
	23. PART I. Enter the diseases, or complications that caused the leath. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart fellure. List only one cause on each line.							
	IMMEDIATE CAUSE (Final							
	disease or condition							
	DUE TO (OR AS A CONSEQUENCE OF):							
2	- Right I to Bratus							
CERTIFICATION	Sequentially list conditions, If any, leeding to immediats DUE TO (OR AS A CONTROLLE OF):							
¥.	cause. Enter UNDERLYING							
Ē	CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):							
F	resulting in desth) LAST							
	U.							
DICAL	PART II. Other significent conditions	contributing to death	but not resulting in	the underlying ceuse given	In Part I. 24s. WAS AN A		4b. WERE AUTOPSY FINDINGS	
2		Keron to	duy		1 _ YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE	
ME							OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SIC		HOSPITAL:		OTHER:				
<u> </u>	27. MAHHER OF DEATH	28a. DATE OF IHJURY	28b. TIME		28d. DESCRIBE HOW IH	ILIBA OCCUBED		
	netural 5 Pending	(Month, Day, Year)	IHJUI	WORK?				
B	2 (A) Accident Investigation 5-23-93 1 A 3 Suicide 8 Could not be 28s. PLACE OF IHJURY — At home, term, stre			1	SUBJECT FELL IN HALLWAY 281. LOCATION (Street and Humber or Rural Route Number.			
8	4 Homicide determined			City or Town, State)				
Ē	HOUSE 6911 MAYFAIR RD. LAUREL, MD.							
릴	29a. CERTIFIER (Check only and manner as stated.							
COMPLET	one) 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occurred at the time, dats and place, and due to the cause(s) and menner as stated.							
EC	296. SIGNATURE AND TITLE OF CERTIFIER	^	0	29c. LICEHSE H	UMBER	29d. DATE SIGHE	ED (Month, Day, Year)	
m		M	1/	1001	0029	► 6T	UNG3	
- 1		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type. P	rint)			2007(7)	
10	MMANIT	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, P	eNIThe	CS, MJ	7090	4	



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the flad within 72 hours after death with the State Death of Marial Horizon prior to have a completely for the flad within 72 hours after death with the State Death of Marial Horizon prior to have a completely for the flad within 72 hours after death with the State Death of Marial Horizon prior to have a completely filled in the flad within 12 hours after death with the State Death of Marial Horizon prior to have a completely filled in the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death of the flad within 12 hours after death within 12 hours after death of the flad within 12 hours after death of the fla	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF N	/MARYLAND / CI				IEALTH DEAT		MENTA	L HYGIEN	_		11121
	1. DECEDENT'S NAME (First, Middle, Lest)				-		-	2. DATE	E OF DEATH	_		3. TIME OF DEATH
	Chester Jos	anh	Ot	remb	na.				MON	-		993	0648 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	215-14-9023	1 💂 M 2 🗆 F:	72	DAYS	HOURS	OUPIS MIN. (Month, Day, Year) 4/21/19				Country	D		
	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN (OR LOCATIO	ON OF OE		21/1/2	9c. COUN		
DIRECTOR													
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			1 40 - 017	Y, TOWN	= 1110							
	Md	•••		10C. CIT									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				Di		more						1 X YES 2 NO
FUNERAL	150 N. East Ave	2110				101	ZIP CODE				·		HAT COUNTRY?
N	11. MARITAL STATUS						2122					SA	
	I I I treated west found a X west feet									- American Indian, White, etc.			
B	3 Widowed 4 Divorced	1944-				1 TYES	2 NO	Specify	:		- 1	Specify	<i>t</i> :
O.	15. OECEDENT'S ED	UCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON.		161	L KIND OF BUS	INECO/INDI		ite
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of Do NOT u	work done se retired.)	during mo	st of working	g	1	L KIND OF BU	MESSANDO	751H1	
립	8th	Consider (1-4 of 5 4	·	ongsl	oren	nan							
O	17. FATHER'S NAME (First, Middle, Last)				10101		18. MOTH	ER'S NA	AF /First	Middle, Maiden	Currencel		
	Michael Otremba												
BE	19a. INFORMANT'S NAME (Type/Print)		19	h MAILING	ADDRES	C /Ctmat a				isslaw		0.41	
2	Mrs. Frances Otr	omb a											
	20a. METHOD OF DISPOSITION	emba	20b. PLACE							, md	21224 CATION — C		
	1X Burial 2 Cremation 3 Res	moval from State	cemetery, cre	matory or o	ther plece)								
	4 Donation 5 Other (Specify)	Celuser	Sacr	ed He	eart	of .	Jesus		16/	12 Bal	timor	e, M	d
	7 7 0 7	101								eral Ho			
	Total!	(SULL								eral Ho		- 36	d. 21224
	23. PART i. Enter the diseases, or ahock, or heart feilure	complications that	caused the da	eth. Do r	not anter	tha mo	de of dyli	ng, such	an car	diac or reapi	ratory arre	st,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Affection			Ca	rdi	D vas	anl	nr	Disea	si		interval Between Onset and Death
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CAL	PART ii. Other significent condition	na contributing to	daeth but not r	eeulting	in tha un	derlying	cause g	iven in f	Part i.	24a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI										1 XYES 2	∐-NO		DF DEATH?
≥									-			4	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28 04	ACE OF DE	ATH WAL-	ck onto	nel .			
Sic	EXAMINER?	HOSPITAL:	EB/0-4	П.	OTHER	٥.							
¥∥	27. MANNER OF DEATH	1 Inpetient 2		28b. TIM	-		5 X Res	idence (
	1 Natural 5 Pending	(Month, De			URY	26c. INJI WO	RK?	175	28d. D€	SCRIBE HOW II	NJURY OCCI	JRED	
B	2 Accident Investigation	28 PLACE OF	IN ALTON				'ES 2	NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At horetc. (Specify)	me, tarm, :	street, fact	ory, office			28f. LOC City	ATION (Street a or Town, State)	nd Number o	or Rural Ro	ute Number,
7	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of	en beendade d										
N N		ER: On the best of ex											
8	2 MEDICAL EXAMIN			veaugati0	n, in my o	printest, de		u at the t	ime, date	and place, and	due to the	cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1 101	1			I	29c. LICE					:	Month, Day, Year)
0	Menn	1 Ch	ute.	MO			0.0	C.M.	Ε.		> (06 0	9 1993
	30. NAME AND ADDRESS OF PERSON WI					2+~-	20+	D = 1	1 + 4 -	2025	M =	. 1 -	3 21221
	31. DATE FILED (Month, Day, Year)		T L	re	1111 2) LI (eet,	Dd.	LLLI	nore,	Mary	/ ⊥an	d 21201
	JUN 1 1 1993	Julia Davids	A A A A A A	_									



BALTIMORE, MAR	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law I	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi e filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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IMMEDIATE CAUSE (Finel disease or condition resulting in death) Out TO (OR AS A CONSEQUENCE OF):		1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENI REG. NO.	E	
## A SOCIAL SECURITY RUMBER S. REC. A. SOCIAL SECURITY RUMBER S. REC. A. ACER (P. In. R. MORNEY) # JURIED 1849 JURIED 1849 JURIED 1849 L. AUGE CONTROL S. BRITTERACE (Five or Prospection of Prospection of Prospection S. COUNTY OF DEATH		1. DECEDENT'S NAME (First, Middle, Last)						V VEAD	3. TIME OF DEATH
218-16-1940 Image: The control of the control of					th Pet	ers			8:30 A M
Maryland							7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or Foreign
St. Agnes Hospital/Chest Pain E.R. Baltimore City Baltimore City Town on Logarion Baltimore Scotty, Town on Logarion Baltimore Catonsville Baltimore Cat			1 1	70 YRS.	MONTHS DATE	HOURS MIN.	12/06/22		
THE THREE AND NUMBERS 10.02 Hillon Avenue ~				Tana and Artife to			9c. COUNTY OF E	DEATH	
THE THREE AND NUMBERS 10.02 Hillon Avenue ğ	St. Agnes Hospit	tal/Chest Pa	in E.R.	Balt	imore (City		-	
THE STREET AND NUMBERS 10.02 Hillon Avenue 10.0	EC		ry	10c. CIT	Y, TOWN OR LOCAT	ON			10d. INSIDE CITY
THE STATE AND NAMED TO STATE THE ADDRESS OF PACIFIC TO STATE THE S	H	Maryland	Baltimore			Cato	newillo		LIMITS?
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The second process of the continue of the co	监	1002 Hilton A	venue			2.	1228	IIS	Δ
Windows	5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	NDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,
The property of the property o		41	IF YES, GIVE WAR OF	R DATES				400.00	
The Department Store Secretary Secret									White
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF): d.	E 0	The second secon	Schotta I	Potors		18. MOTHER'S NA		,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF): d.	B 18		benotta 1		ADDRESS (Street a	of Number or Pumil			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF): d.	를 입	Jeanne M. Pet	ers						MD 21228
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF): d.	2	20a. METHOD OF DISPOSITION							
Sequentially list conditions, if arry, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d	E S	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cremetory or of	s Ceme	terv 6			
Sequentially list conditions, if arry, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d	lner	21. SIGNATURE OF FINERAL SERVICE L		111	22. NAME AN	ADDRESS OF FA	CILITY		10, 110
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Sequentially list conditions, if arry, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d	8			and the death Do o	1301 F	rederio	ck Road	Balto.	
Sequentially list conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Bed	snock, or heart failure.	List only one cause or	ach lina.	ot antar tria illo	ia or dying, suc	in as cardiac or reapir	atory arrest,	intarval Between
Sequentially list conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	훁	disease or condition	/ Cana	line	A R 00	A J			Onset and Death
Sequentially list conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	ent,	resulting in death)	DUE TO (Off A	& A CONSEQUENCE OF	a contract			A A	
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D			dis	he lie	ca	dia	mynt	alte	i
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	TI OIL	Sequantially list conditions, If any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE OF	51.	08.1			V
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contribution contribution contribution contribution contribution contribution	F S	cause. Enter UNDERLYING	alia	bell	, m		and I	1)!
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PERFORMED? ARALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH		PART II. Other significant condition	na contributing to death	but not resulting I	n the underlying	cause given in	Part I. 24a, WAS AN A	WITOPSY 246	WERE AUTOPSY FINDINGS
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Accident Suicide Sui		27. MANNER OF DEATH	28e. DATE OF INJUR	Y 26b. TIME	OF 28c. INJU	RY AT		JURY OCCURED	
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29a. CERTIFIER 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	<u>∞</u> 0	3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, farm, s	treet, factory, office		28t. LOCATION (Street ar	nd Number or Rural I	Route Number,
	~ - 1	4 Homicide determined					City or lown, State)		
One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. 215 LICENSE NUMBER 2 204 DAYS SIGNED		29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occurre	d at the time, data	ind place, and due	to the cause(a) and mann	ner as stated.	
E U 299 SIGNATURE AND TITLE OF CENTIFIER 290 DAYE SIGNED (March Co. March	N O								a) and manner se stated.
AT T AND DRIE STUNED IMORE. DEV. 1987	BE C				1				
D 21928 > 06/11/93	E B	1/>	Janano	ua	1	DZ	1928		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	F	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)			00/1	1177
Leonel F. Barahona, M.D. 1101 Maiden Choice Ln. Balto., MD 21229		Leonel F. Bara	ahona, M.D	. 1101	Maiden	Choice	Ln. Ba	lto. M	ID 21229
31. DATE FILED/Mooth, Day Book Street James STRAHUSER	1,7	31. DATE FILED /Mooth, Day Mort	JULY DENTE AR'S SI	BATHE BE		20,111,125			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	mit. Pages 1, 2, 3 should		
by the hospital or attending physician.	be detached for use as the bunal-transit pe		af once
s after death. Page 5 may be retained t	by the funeral director, page 5 should	emovai	dical examiner must be notified
sertificate be executed within 24 hour	ling physician and completely filled in	ygiene prior to burial, cremation, or	other traumant event, the me
n: The law requires that the death of	icate has been signed by the attend	State Dept. of nealth and mental n	
U THE HUSPITAL OR ALLENDING PHYSICIA	O THE FUNERAL DIRECTOR: After this certif	= 1	0
Ĭ	E C	Tall a	5

	1 - FOR STATE REGISTRAR	STATE OF MA			RTMENT OF			MENTAL	HYGIEN	IE	93	1712
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	ue.		3. TIME OF DEATH
	LLOYD H.		POPE					0 6	0	6	93	8:28 P
	4. SOCIAL SECURITY NUMBER 229-42-28/0	5. SEX 6	i. AGE (tn yrs. in:	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE ((Month)	DE BIRTH Day, Year) 27/31		Count	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE				NTY OF E	
TOR	3 SORRENTO RO	AD			BALT	IMOR	E C	ITY				
DIRECTOR	Md .	Y		10c. CIT	Y, TOWN OR LOC Baltimo							10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	100. STREET AND NUMBER 2308 W. Lexington St. 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA											
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								k, White, atc.				
ED	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCUPAT	ON		16b.	KIND OF BU	SINESS/INC		I. America
COMPLET	(Specify only highest grade	College (1-4 or 5+)	life	OUSI		ost of worki	-	В	alto.	City	7	
O	17. FATHER'S NAME (First, Middle, Last)			-		18. MOT	HER'S NA	ME (First. M	iddle, Maiden	Sumamei	_	
BE C	Tommie 19a. INFORMANT'S NAME (Type/Print)	Pope					M	ary	S. P	ope		
2		Pope	19		8 W. Lex						212	2
	20n, METHOD OF DISPOSITION	-	T-01 -01 -02	-			011 5		_			
	V Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Denation 5 ☐ Other (Specify)	oval from State			of disposition (f s Park	6/12	/02	DATE		CATION —		
	21. SIGNATURE OF FUMERIAL SERVICE LIE	CENSEE A	AI	Dutu	22. NAME	_		OH ITTV	A	rbutı	ıs, r	Ma.
	· Gal	I do	top		Es	tep 300	Brotl Eutav	hers w P1.	Funer Balt	o. Mo	1.	P.A. 21217
	23. PART I. Emerate diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR A A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	R AS A CONSEC									
اپ	PART II. Other algnificent condition	s contributing to de	eth but not r	eeuiting	In the underlying	g ceuse (given in I	Pert I.	24s. WAS AN PERFOR	RMEO?	24b	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA								_	123	NO		OF DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 □ NO	HOSPITAL:	R/Outpatient 3	□ DOA	26. F OTHER: 4 Nursing Ho			s VI Other		20 A DI	-77 V	
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF IN O 6 / O 6	JURY	26b. TIM	E OF 28c. IN	JURY AT DRK?		28d. DE\$0	JECT	ROADI STAI	URED)
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF II building, etc		me, ferm,	street, factory, offi			261. LOCA 3 S	TION (Street Town State)		or Rural F	Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, de	ath occurn	ed at the time, dat			to the caus	e(a) and me	ner sa stat	ed.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	2. C	hut			29c. LICE	. C . M	BER		29d. DATE	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH		111	PEI	NN STR	EET,	BAI	TIMO	ORE,M	IARYI	LAND	21201
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE	M.								· · · · · · · · · · · · · · · · · · ·

0005	THE MOSPILL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. If HOWEN ONE STREET HIS CERTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	APPLIANCE IN THE LA IN HIGH AND AND HIGH AND HIGH WALLES OF THE HIGH CANTILLES IN HIGH HIGH ALL DICE.
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Steven H. Pearlman,

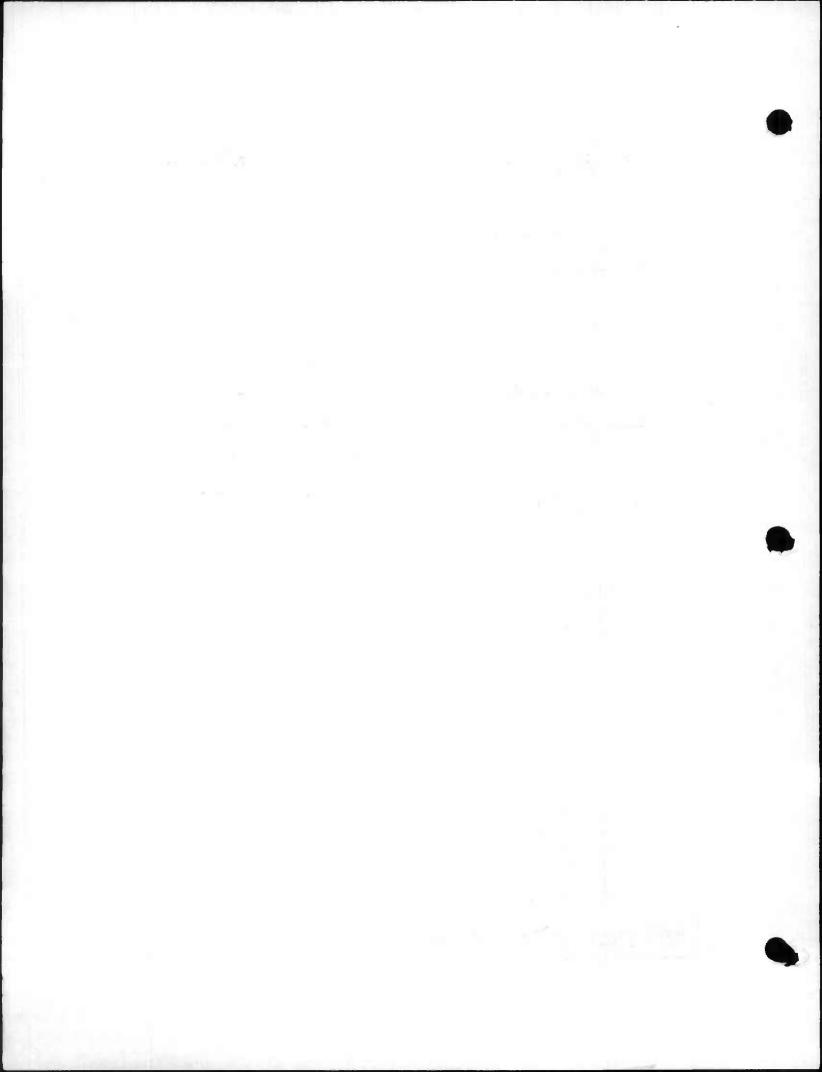
1 1993

M.D.

4. SOCIAL SECURITY NUMBER 218=34-7734			ckett					MONT 6		PAY PA	YEAR 93	3:00 PM .	
210-34-7734	5. SEX 1	6. AGE (In yrs. 53	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	4 HRS.	7. DATE	OF BIRTH		a pioru	PLACE (State or Foreign Maryland	
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN O	R LOCATIO	N OF DE		,-		NTY OF DE		
Greater Baltimore	Medical	Center	1	В	alti	more				Ba	ltimo	re	
10s. STATE 10b. COUNTY	altimore		10c. CIT	Y, TOWN C	OR LOCAT	ION	Ва	1tin	ore			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER				_	101.	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
947 Elton A				2122							U	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, spe	ENDENT OF edify Cuban, 2 \(\sum \)XO	, Maxicar	n, Puarto	N? (Specify Ya Rican, atc.)	a or No—	14. RACE Black Specti		
15. DECEDENT'S EDUC (Specify only highest grade of		16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	IN st of working		168	. KIND OF BL	ISINESS/INI	DUSTRY	White	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)									
17. FATHER'S NAME (First, Middle, Last)	1/2/15		D	OOK	кеер		ER'S NAI	ME (First.	Middle, Maider	Surname)			
George	Smith								elma	Walt	er		
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tox		,		
Robert Picket	tt	-				ve.	Ba1			d. 21			
1 Seurial 2 Cremation 3 Remo	wal from State	cometery,	CEAND DATE: Cramatory or of LLY Hi	of bispos	omo t	me of	6/1	2.93		Balti			
2) SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	110.	LIY III			D ADDRESS			,	Daiti	nore	Mu.	
Jonnelly F	unde	1 10	me									21221	
23. PART I. Enter the diseases, or co shock, or has tallure. L	omplications the list only one cau	t csused the use on each i	desth. Do i	not enter	ths mod	de of dyin	g, such	n ss cer	diec or resp	olratory sr	rest,	Approximate interval Between	
iMMEDIATE CAUSE (Finsi disease or condition	Metasta	tic car	rcinom	a of	Lun	n						Onset and Death	
resulting in death)		(OR AS A CON			Tun	9							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CON	SEQUENCE O	F):									
CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEQUENCE O	F):									
PART II. Other significent conditions	contributing to	deeth but no	t resulting	in the un	derlying	ceuse gi	ven in I	Part I.	24s. WAS A!	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
									PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									176			DE DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? V 1 YES 2 NO	HQSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only o	10)				
1 YES 2 NO 27. MANNER OF DEATH	1 Nonpatiant 2			4 🗆 Nun	sing Home	5 Resi	idenca						
Natural 5 Pending	(Month, E		28b. TIM	JURY M	28c. INJU WOI 1 Y	RK?	NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	RED	
2 Accident investigation	28a. PLACE C	2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, tarm, street, tactory, office 4 Homicide 28a. PLACE OF INJURY — At home, tarm, street, tactory, office 4 City or Town, State) 29a. CERTIFURG PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFURG PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFURG PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									oute Number,		
3 Suicide 8 Could not be	building,	(-,,/,											

GBMC 6701 N. Charles Street, Baltimore, MD

21204



FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

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HETERS 11/16-June 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 212-34-5464 79 Feb for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 208 North Edgewood Street Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 208 North Edgewood Street 21229 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 📉 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme notified at William P. Peters BE the funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rebecca R. Scott 3205 Betlou James Place 9 20a, METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Res 20b. PLACE AND DATE OF DISPOSITION /Name of must 4 Donation 5 Other (Specify) MD Veterans Cem/Garrison 16/8 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 2501 Gwynns Falls Parkway Baltimore, Maryland 212 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by ö cremation, disease or condition resulting in death) Fronchoalveolar has been signed by the attending physician and completely Dept. of Health and Mental Hygiene prior to burial, crematic within event, DUE TO (OR AS A CONSEQUENCE OF) executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING 2 erro certificate CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 5 death Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL Immune thrombougtopenia that any shows Carcinome Endometrial Pulmonary ambolism PHYSICIAN: SW. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? tem 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 Masidence 6 🗆 Other (Specify) ö 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO 84 ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 100 3 Suicide COMPLETED 6 Could not be 28 4 Homicide item S 29s. CERTIFIER 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and menner ea stated. FUNERAL within 72 t IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF DEPTH HIS 29c. LICENSE NUMBER 出来意 Dazz 299 2 BON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SD WOLFSTHAL MD UNIV. OF MARYLAND 22 South Greene St. 31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE

1993

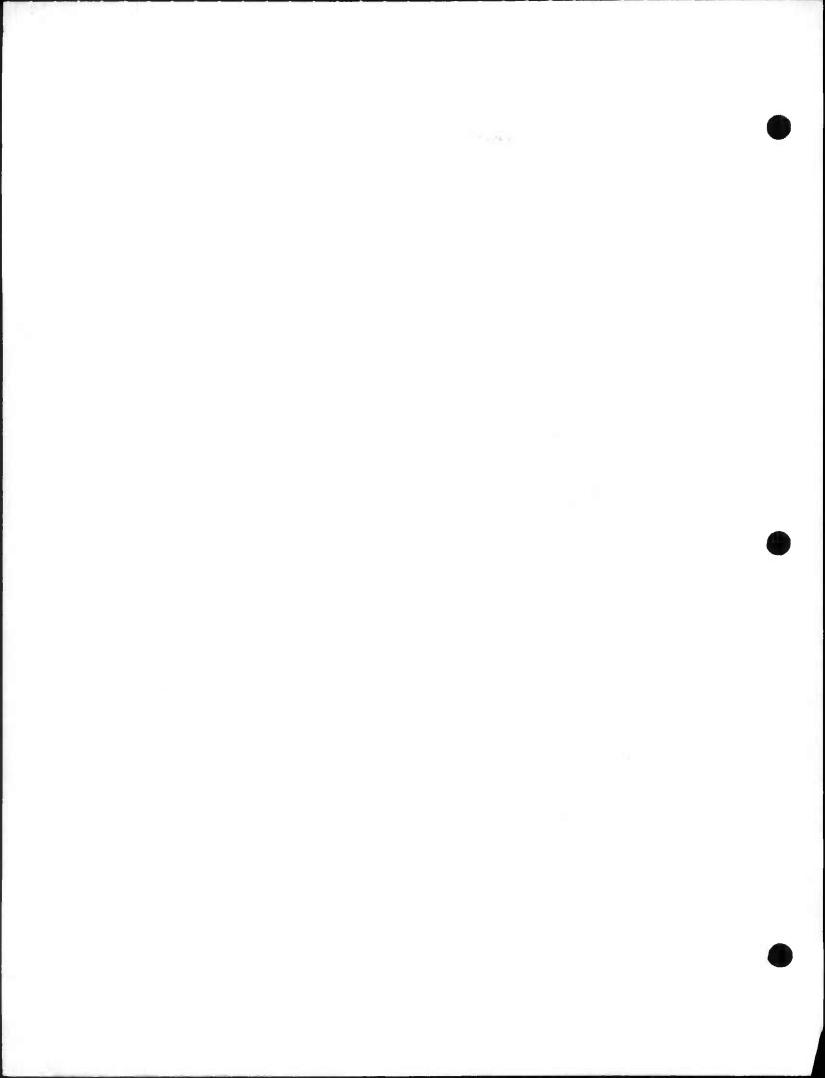
CERTIFICATE OF DEATH

93 17131 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1993 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 91 Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify **Black** 16b. KIND OF BUSINESS/INDUSTRY Home Sophia Evans 21207 Baltimore, MD 20c. LOCATION - City or Town, State Owings Mills, Maryland 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. Approximate Interval Between Onset and Death 7-8 mon. SW error 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 28d. OEȘCRIBE NOW INJURY OCCURED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) D 6 3/93

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Bait. MD



1	-	STATE REGISTRAR
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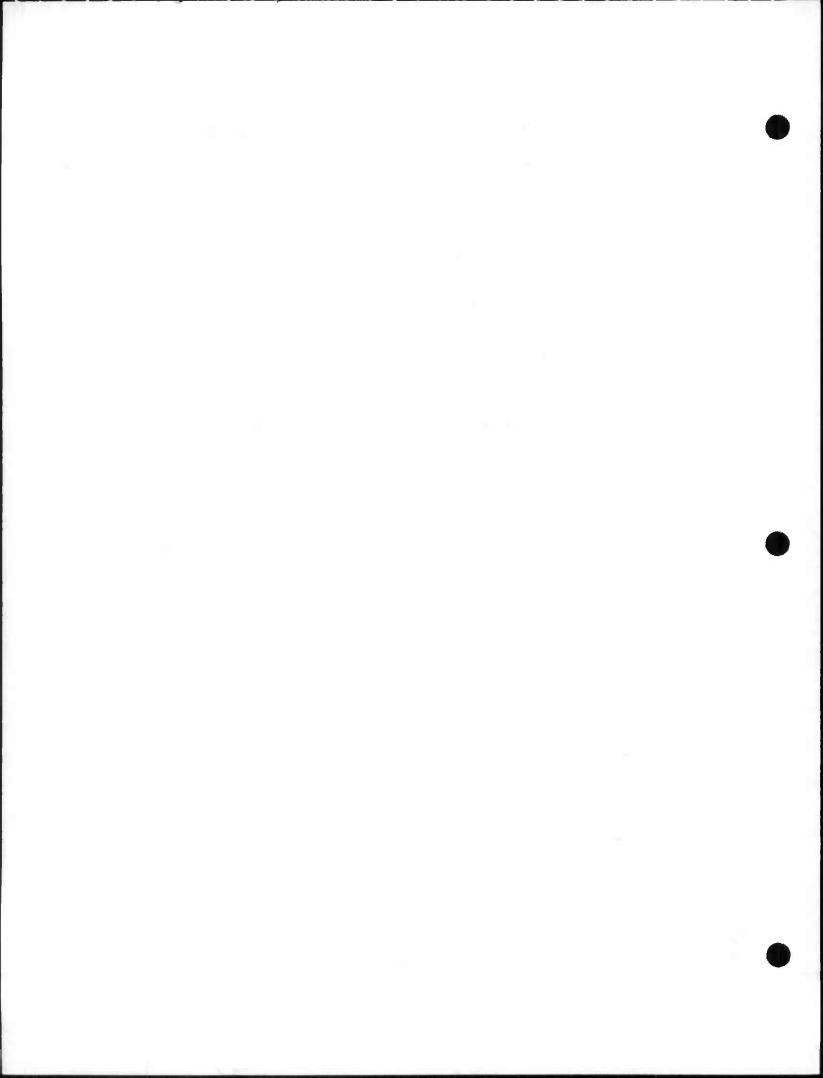
	1 - STATE REGISTRAR	OINIE OI II	CE	RTIF	ICATE O			MENIAL MYGIE REG. N			
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		(50)	3. TIME OF DEATH
	Charles T. Robinso	on Jr.						JUME 9,	1993	YEAR	8:00 p. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las				7. DATE OF BIRTH 8. BIRT			PLACE (State or Foreign	
	213-28-9727	1 🔀 M 2 🗌 F	61	YRS.	MONTHS DAYS	HOURS	MIN.	August 2	August 24, 1931 Country		
	9a. FACILITY NAME (If not institution, give str	reet and number)			96. CITY, TOWI	OR LOCATE	ON OF OE	ATH	9c, COU	NTY OF DE	EATH
O.	4202 Clareway				Balt	imore					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			400 CIT	Y, TOWN OR LOC	ATION					
<u>=</u>	Maryland				ltimore						10d. INSIDE CITY LIMITS?
1	10a. STREET AND NUMBER					lot, ZIP COD			10- 0171	7511 05 111	NO PAT COUNTRY?
BY FUNERAL	4202 Clareway					21213			Ü.S	.A.	HAI COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13, WAS D	ECENDENT C	F HISPAN	IIC ORIGIN? (Specify)	es or No	14. RACE	- American Indian,
4	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	If yes,	specify Cuba	n, Maxica	n, Puerto Rican, atc.)		Black.	White, etc.
								White			
臣	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Gr	ve kind of	USUAL OCCUPA		107	16b. KIND OF B	USINESS/IND		
ا ت	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Do NOT us			~ 01	and Not		Cono	manula i a
COMPLETED	N/A N/	A	SIII	Брти	g & Rec		_			Geog	graphic
	Charles T. Robinso	n Cr						ME (First, Middle, Malde Susanah B			
BE	19a. INFORMANT'S NAME (Type/Print)	AI DI.	196	MAILING	ADDRESS (Steel			Boute Number, City or To		0.41	
2	Dorothy S. Robinso	n (Wife)						ore, Md.		C000)	
	20a. METHOD OF DISPOSITION		The second second	_	OF DISPOSITION /			•	OCATION -	City or Tow	yn State
	1 Donation 6 Other (Specify)	val from State	Green	matory or o	t Crema	tory					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22. NAME	AND ADDRE		CILITY			_
	· 1/11/1/1-							neral Hom	•		
\neg	23. PART I. Enter the diseases, or co	omplicatione that	caused tha dec	eth. Do r	ot enter than	T BLE	oms .	Lane, Bal	CLINOTE	e, MC	Approximata
	shock, or haert failure. L	lat only ona caus	se on each line.					. 44 0414100 01 100	piratory cri	oot,	Intervel Between Onset and Death
	Allegania and an Alat	METASTA	MC 1	UNG	CAN	CER					Onset and Death
	resulting in death) / e		OR AS A CONSEC								
Z	Sequentially list and dalons of b										
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OI	F):	_					
5	CAUSE (Disease or injury	DUE TO	100 AS A COMPE	HENOE OF							
Ē	that initiated events resulting in death) LAST	DOE 10 (OR AS A CONSEC	DENCE OF	-):						i 1
E	d										
AL	PART II. Other aignificant conditions	contributing to	death but not re	sulting	n tha underly	ng ceuse ç	iven in		N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8								1 YES			COMPLETION OF CAUSE OF DEATH?
ME										- 1	1 TES 2 NO
ÿ.											
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Cart Cart		28. OTHER:	PLACE OF D	EATH (Che	ck only one)			
₹	1 YES 2 NO	1 Inpetient 2 I					sidence	6 Other (Specify)			
	1 Natural 5 Pending	(Month, Da		28b. TIM INJ	URY	JURY AT ORK? YES 2	1 40	28d. DESCRIBE HOW	INJURY OCC	URED	
B	2 Accident Investigation 3 Suicide B Could get be	26e, PLACE OF	FINJURY — At hor	ne. farm. e			NO	26f. LOCATION (Stree	t and Mumbar	as Burni Da	
COMPLETED	4 Homicide 8 Could not be determined	building,	etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,			City or Town, Stat		or novar no	ote Number,
<u>"</u>	29a. CERTIFIER	IAN: To the heat of									
₹ I	(Check only one) 298. CERTIFIER DESCRIPTION PHYSIC Check only 1 CERTIFYING PHYSIC Check only 1 CERTIFYING PHYSIC MEDICAL EXAMINER										
	29b. SIGNATURE AND TITLE OF CERTIFIER				opinion,	-					
8	will km	MO					NSE NUM			4	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO			27) (Tropo	Print)	1	0 .	1	6	1019.	2
	Dr. Sharfman, Fran	ncis Scot	t Key H	osp.	, 4940	Easte	rn A	venue, Su	ite 1	12, E	Baltimore
	31. DATE FILED (Month, Day, Year)	32 REGISTRAS	POLITANDIS 20								
	JUN 1 1 1993	Julie Da	vidson Par	J, an							I
		-		-10.01							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral physician and side within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

Hes 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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Virginia Cofiell Reckord 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 - M 2 -DAYS HOURS YRS. 217-18-5095 June 25. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH ST. JOSEPH'S HOSPITAL TOWSON DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE Timonium FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10 Talbott Avenue 21093 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 housewife 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumerne) 7 Robert Amos Cofiell Martha Edith Harry BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Katherine J. Farmer 13 Valleywood Court, Timonium, MD 21093 pe 20a, METNOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Dulaney Valley Mem.Gardens 6/12/93 Timonium, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Lowell M. Lemmon Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each lina. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) BOMEMPRANOUS COLITIS CERTIFICATION Sequentially list conditions, if any, leading to immediate Cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL ISCHEMIA shows any 1 TES 2 M NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 28 is marked, 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, straet, factory, office building, etc. (Specify) 8 Could not be determined COMPLETED 4 Nomicide 29a. CERTIFIER 1 N CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated, BE 06 5 PLETED CAUSE OF DEATH ([TEM 27) (Type, Print) 7620 YORK RD

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH DAY 3. TIME OF DEATH 45Z A June 9, 1993 B. BIRTNPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 YES 2X NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Bieck, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Homemaker 26c. LOCATION — City or Town, State Approximata Interval Between **Onset and Death** 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED OF DEATH? 1 YES 2 NO 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 93

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND			17104			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.		1. DECEDENT'S NAME (First, Middle, Last)	Barbara, A		difer		2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH			
	П	A SOCIAL SECRETTY NUMBER	Bui bai	a			6	9 93	7150 P M			
			1 M 2 F		MONTHS DAYS	HOURS WIN.	(Month, Day, Year)	Cou	intry)			
			treet end number)	5.7	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF				
	СТОВ	Francis Scott Key Med. Cen. Baltimore										
	DIRE	Maryland 10b. count	4						10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	ERAL	100. STREET AND NUMBER South Anglesea	Street 11	01	1		4		F WHAT COUNTRY?			
the ind		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO If yes, specify Cuban, Max				s or No- 14. RA Bit	ACE - American Indian, ack, White, etc.			
		(Specify only highest grade	completed)	(Give kind of	work done during m	ION lost of working	16b. KIND OF BU	SINESS/INDUSTRY				
-4	립	8	College (1-4 or 5+)	House	e Wife		Domes	stic				
	8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N			THPLACE (State or Foreign intry) THUCKY TOUR HINSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY? d States CE — American Indian, set, White, etc. Socily: White The state of the sta			
	8		ones	105 MAN IN	ADDRESS (Com-	Eula	May	Walke	r			
a a	2								nd 21222			
nust be		20a. METHOD OF DISPOSITION 1 Burlai 2 □ Cremation 3 □ Rem	oval from State ceme	PLACE AND DATE	OF DISPOSITION (A	lame of	OATE 20c. LO	OCATION — City or	Town, State			
iner			ENSEE	OWIISVI.	22. NAME A	ND ADDRESS OF FA	CILITY					
		* Mark C	Comac	hi								
of the medical		23. PART I. Enter the diseases, or about, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Hy poxia	ich line.	not enter the m	ode of dylng, suc	ch as cardiac or respi	iratory arrest,				
6	z		Contract of the Contract of th	- 0	•							
A certificate be executed within anding physician and completed Hygiene prior to burial, cremen or other traumatic event, ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUF TO (OR AS A	CONSEQUENCE O	E):	DIVIN F	Primary	Visin					
	RTIFI	that initiated events resulting in death) LAST	DUE TO OR AS A	CONSEQUENCE O	f):	10 1011	j	July				
흦	- 11	PART II. Other significant condition	s contributing to death bu	it not reaulting	in the underlyin	o cause alven in	Part I 24a WAS AM	ALITORSY 2	Ab WEDE ALTYDOOV ENIONICS			
any	MEDICA						PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
23	AN	25. WAS CASE REFERRED TO MEDICAL			26.6	N ACE OF GEATH (C)						
CICIAN: The law requires that the conflicte has been signed by the the State Dept. of Heath and Me or item 23 shows any injury	SICI	EXAMINER?	HOSPITAL:	itient 3 DOA	OTHER:							
rked,		27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN	JURY AT ORK?		INJURY OCCURED				
28 ls		3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, stc. (Special	At home, ferm,	streat, factory, offi	CO .	261. LOCATION (Street of City or Town, State)	and Number or Rura	al Route Number,			
=	COMPLE								e(a) and manner as stated.			
2	띪	296. SIGNATURE AND TITLE OF CERTIFIED	Disow	& WD		29c. LICENSE NU 930	MBER / /	29d. DATE SIGNE	ED (Month, Day, Year)			
	_	4 2		(ITEM 27) (Type	Print) 93	0/1		- 4/	4			
	7	31. DATE FILED (Morrit, Day, Year) JUN 1 1 1993 A	32. REGISTRAR'S SIGNA	TURE								
A TOOLS WITH THE CHARLE COUNTY OF THE CHARLE COUNTY OF THE CHARLES	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLET	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 213-34-8482 9a. FACILITY NAME (If not institution, give security name (If not institution, give	1. STATE REGISTRAR 1. DECEDENT'S NAME (Fini, Middle, Last) 2. BACKAL SECURITY NAME (In not institution, give street and number) 4. SOCIAL SECURITY NAME (In not institution, give street and number) PTANCIS SCOTT KEY MED. C. STATE 100. COUNTY MARYJAIN 100. STATE 110. MAY AND AND AND AND AND AND AND AND AND AND	1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. SCALA SECURITY NAME (First, Middle, Last) 2. SEX PACILITY NAME (If not institution, give street and number) 2. SEX PACILITY NAME (If not institution, give street and number) 2. TATALE OF DECEDENTY 100. STATE 100. COUNTY 100. STATE 1 - STATE ST	1. STATE 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. DECERDIFFUR NAME (Pist, Mode, Lais) 1. NAME NAME (Pist, Mode, Lais) 1. NAME NOT A SUPER LAIS (Piss) 1. NAME (Pist, Mode, Lais)	1 - STATE 1 OCCOMPATY NUMBER 1 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 2 SECURITY NUMBER 3	DECOUNTY NAME (PAR. LOCAL LAW) DECOUNTY NAME (PAR. LOCAL PAR. LAW) DECOUNTY NAME (PAR. LOCAL PAR. LAW) DECOUNTY NAME (PAR.				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	rmit. Pages 1, 2, 3 should	
oital or attending physician.	d for use as the burial-transit p	
law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 hours after death. Pag	pletely filled in by the funeral di- cremation, or removal.	ent, the medical examiner
e death certificate be executed	he attending physician and com Mental Hygiene prior to bunal.	jury, or other traumatic ev
ICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendir be filed within 72 hours after death with the State Dept. of Health and Mental My.	I, or Item 23 shows any in
THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this certifit be filed within 72 hours after death with the	NNT: If item 28 is marked
TO THE H	TO THE F	IMPORT

93 17135 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH
12:12am 2. DATE OF DEATH DAY 8, 1993 E. Roland Riser Sr. JYYYE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Den 2 2, 1927 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-20-1901 66 MONTHS DAYS HOURS 1 🛛 M 2 🗌 F YRS. Maryland 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1525 Charlotte Ave. DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1525 Charlotte Ave. 21224 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAY OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO BY Specify: Specify 3 🔯 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 7th College (1-4 or 5+) Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Schmidt Roland Riser 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas Riser 7922 Eastdale Road Baltimore Md. 21224 20e. METHOD OF DISPOSITION
1 IS Buriel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Milery Carmele Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 6/11/93 Baltimore Md. IGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve. 21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or head failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death hypercalcema + liver failure

oue to (or as a consequence of):

Colon Cancer & multiple metasisis

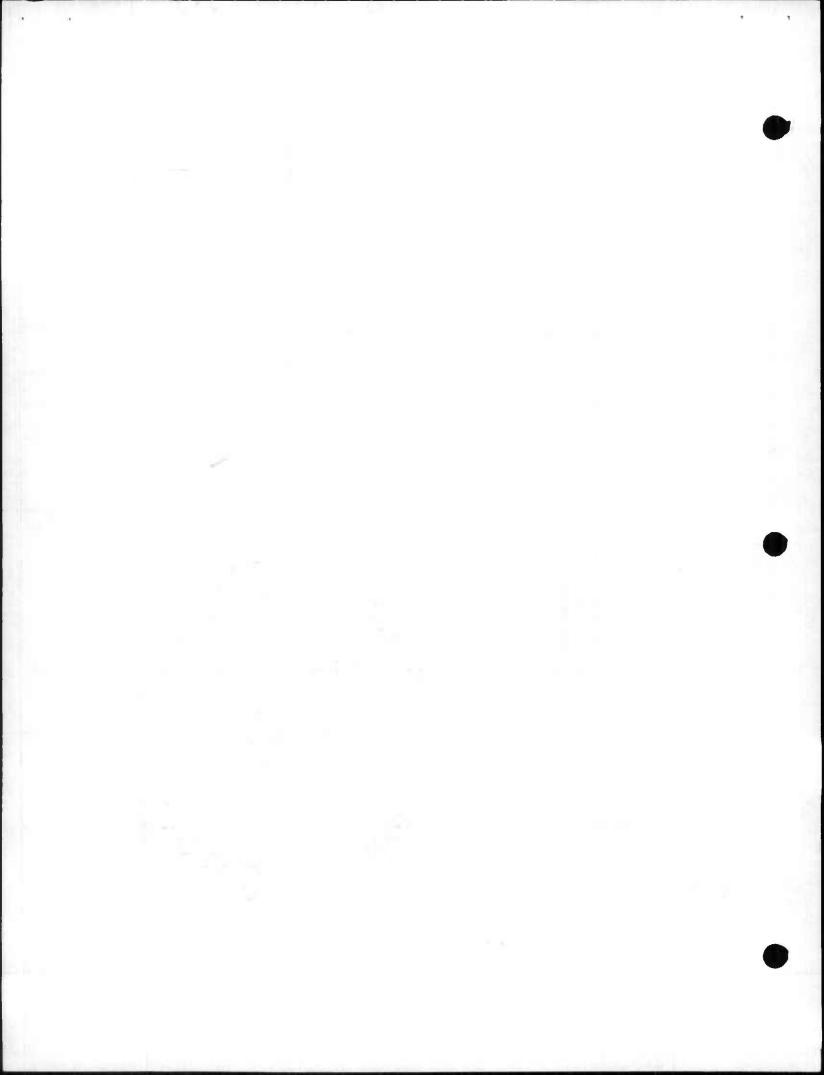
Due to (or as a consequence of): disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO hypertensum 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: ng Home 5 Reside 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only
1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. H. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 michael MO 044817 6.8.93

Baltimore mo

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH YEAR e u 10 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 7. DATE OF BIRTH 8. BIRTHPLACE (Str Country) 1 M 2 - F use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TYES 2 NO 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE --- American In Black, White, etc. If yes, specify Cuben, Mexican, I ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Married 2 Marri Black BY 4 Divorced BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) cal notified at once. 17. FATHER'S NAME (First, Middle, Last) MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St 2 2/2/6 Pe METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /N. must 20a METHOD OF DISP 1 Buriel 2 Crem nation 3 R Men ☐ Donation 5 ☐ Other (Specify) injury, or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 0 NAME AND ADDRESS OF FACILITY 22 completely filled in by the funeral F.H.U Waba 3 or removal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ehock, or heart failure. List only one ceuse on each line. Approximate Interval Bety IMMEDIATE CAUSE (Final Onset and Death cremation, executed within 24 disease or condition 15996 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con-within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, 0 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events ~. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY or item 23 shows any 1 YES 2 NO 1 _ YES 2 _ NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 YES 2 NO e 5 - Rasidence 8 - Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, do 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE.SIGNED (Month, Day, Year) AZ 6 CI 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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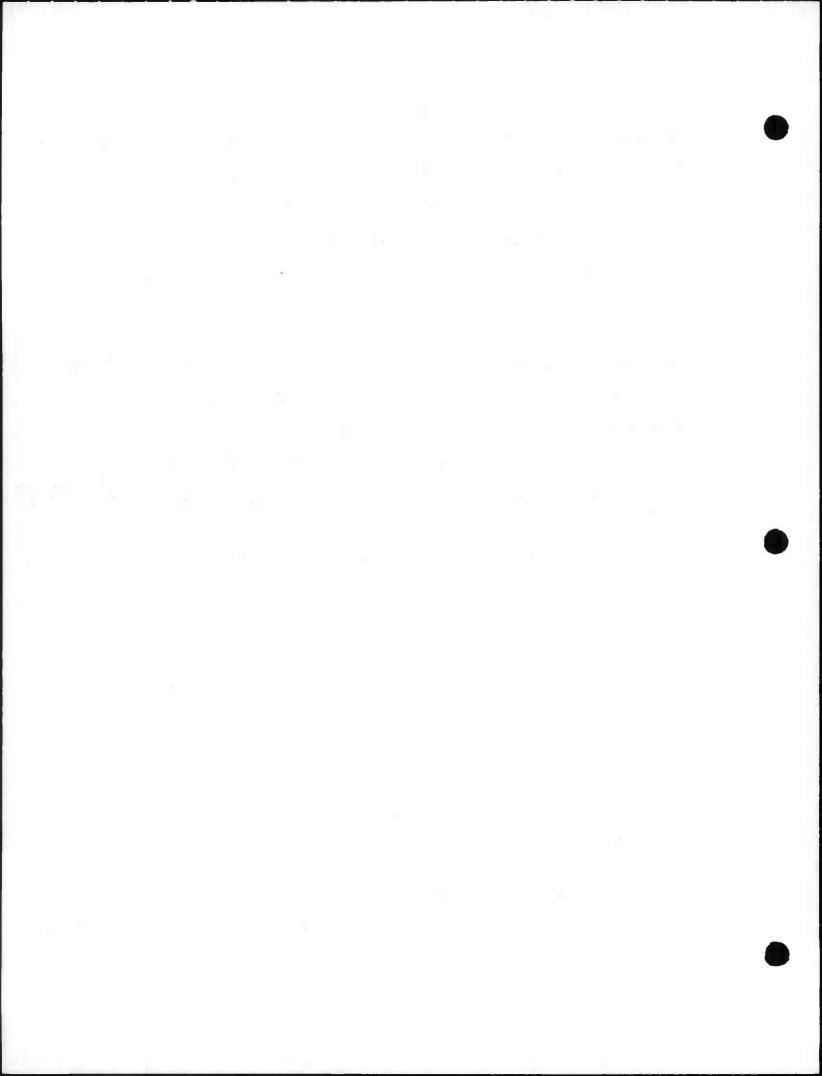
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOPTAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - STATE OF MARYI REGISTRAR		MENT OF H		NTAL HYGIEN	E 9	3 17137			
	Roya Councilmo	R. JAMES	COUNCI	EMAN 2	DATE OF DEATH MONTH DI CO DATE OF BIRTH (Month, Day, Year)	7 9:	3. TIME OF DEATH 7,45 A M BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not institution, give street and number) STELLA MALIS HOSDIC RESIDENCE OF DECEDENT	e		R LOCATION OF DEATH		Ba	of DEATH			
AL DIRECTOR	Maryland Baltimore 100. STREET AND NUMBER		TOWN OR LOCAT		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO 10d. CITIZEN OF WHAT COUNTRY?					
FUNERAL	5 Amesbury Court 11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 Y YES	2 NO	13. WAS DEC	2130 ENDENT OF HISPANIC PORTY Cuban, Maxican, P	ORIGIN? (Specify Yes	U.:	S.A. RACE — American Indian, Black, White, atc.			
TED BY	3 Wildowed 4 Divorced KOrean Col 15. DECEDENT'S EDUCATION (Specify only highest grade completed)	oflict	ISUAL OCCUPATIO	2 X NO Specify: N at of working	16b. KIND OF BUS		Specify: White			
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. 4 yrs. 17. FATHER'S NAME (First, Middle, Last)	C.P.A.	retired.)	18. MOTHER'S NAME		l Accounting Office				
TO BE	Roy E. Councilman 198. INFORMANT'S NAME (Type/Print) Olga E. Councilman	1	ADDRESS (Street at	Bernice		rson n. State, Zip Co	de)			
	20s. METHOD OF DISPOSITION Surfect 2 Cremetton 3 Removal from State									
Н	Ruck Towson Funeral Home, Inc. Towson, Md. 212 23. PART I. Enter the diseases, or complifetione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between interval Between									
	immediate cause (Final disease or condition resulting in death)	atic (Ceca	1 Car	cinor	a	Onset and Death			
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant conditions contributing to death t	out not resulting in	the underlying	cause given in Par	PERFOR	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? /			ACE OF DEATH (Check	only one)					
YSI	1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3 🗆 DOA 4		5 🗆 Residence 8	Other (Specify)	hosi	sice			
	27. MANNER OF DEATH 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	RY WOF	PRY AT 28 PK? ES 2 NO	d. DESCRIBE HOW IP	URY OCCUR	ED			
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY building, stc. (Spe	f — At home, farm, stri city)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my know one) 2 MEDICAL EXAMINER: On the beat of axemination						use(s) and menner as stated.			
TO BE	29th SWINATURE AND TITLE OF CERTIFIER CALLA CLEAN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ude ATH (ITEM 27) (Sypon, PA	W hird	D27	287	≥ 6/	7 193 21204			
20	Carla Alexander M.D. 3300 Dulaney Valky B. Towson, M.D.									



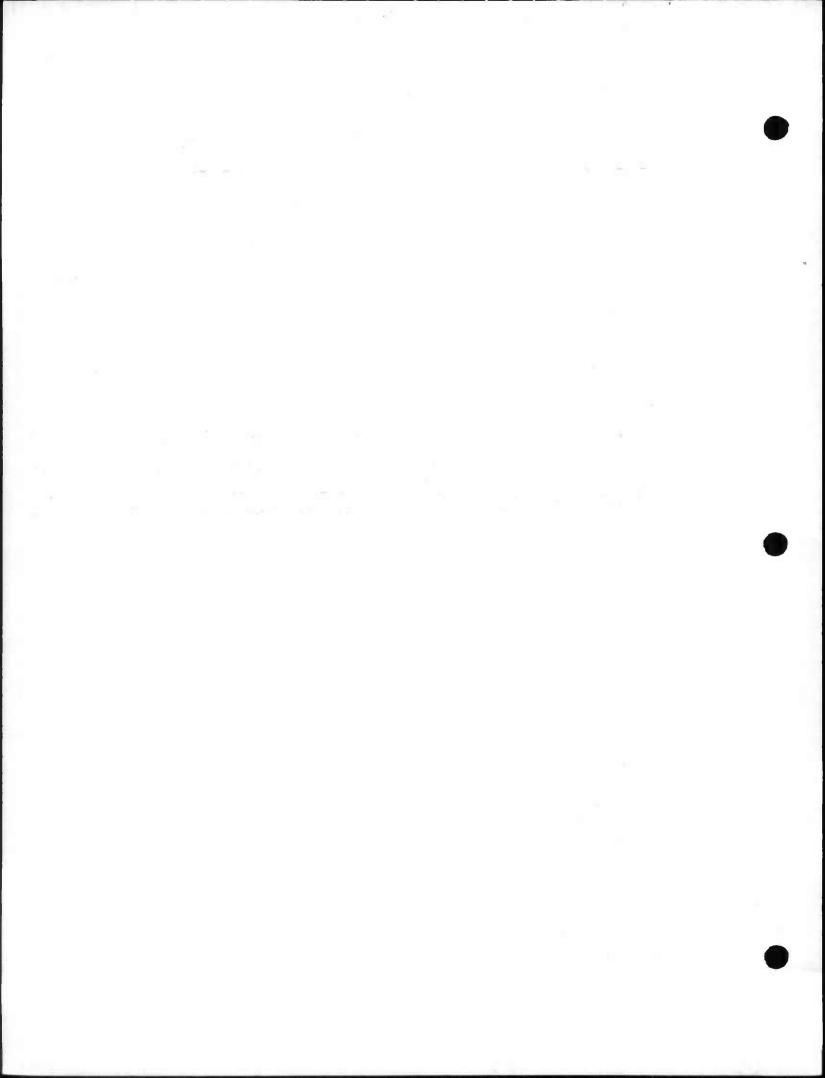
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	1. DECEDENT'S NAME (First, Middle, Las	201	CERTIFI	CATE OF	HEALTH AND		REG. NO.	<u></u>	1	
		Daniel	Franci	s Rost		2. DATE C	DAY	5	EAR	OF DEATH
	4. SOCIAL SECURITY NUMBER 215⇔16⇒9916	1 M 2 D F	n yrs. last birthday) 9 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE O (Month, 1 0~	F BIRTH Day, Year) 21-1923		BIRTHPLACE Country) Maryk	(State or Foreign
TOR	9a. FACILITY NAME (If not institution, give Francis Scott	/ 1/	inter -		on Location de d imore Cia		90.	COUNTY	OE BEATH	
DIRECTOR	10a. STATE 10b. COUN Maryland	Baltimore	10c. CITY	, TOWN OR LOCA		ndalk			LI	ISIOE CITY MITS? (ES 2) NO
ERAL	1741 Drexel Roc	ad		10	of, ZIP CODE	21222	100		ited S	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4% Divorced	12. WAS OECEDENT EVER IN FORCES? 1 X YES	TES	If yes, s	CENOENT OF NISPA pecify Cuben, Mexic 8 22 NO Speci	NIC ORIGIN?	(Specify Yea or N can, etc.)		RACE — Ame Black, White, Specify:	orican Indian,
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	16a. DECEDENT'S I (Give kind of w life. Do NOT use	rork done during m e retired.)	DN ost of working	16b. I	KIND OF BUSINES	S/INDUS	TRY	WILLE
COM	8th Grade 17. FATHER'S NAME (First, Middle, Lest)		Insp	ector_	18. MOTHER'S NA		ddle, Maiden Surni		nless	Steel
TO BE	Walter Rostek 190. INFORMANT'S NAME (Typo/Print)		19b. MAJLING	AODRESS (Street	Manuan and Number or Rural	na No	vak r, City or Town, Sta	ite, Zip Co	de)	
-	Anna M. Augusti	205	1003	3 Icabo	d Lane	Middl	e River	Ma	TURANO or Town, Stat	21220
1 20 Burial 2 Cremation 3 4 Donation 5 Other (Speci		moval from State cem	oly Rosa	ry Ceme	tery 6/	8/93				aryland
	23. PART i. Enter the diseases, or	- Foly		Duda 7922	-Ruck Fu Wise Av	neral	Dundal	b M	THURAN	Inc.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO OR AS A	CONSEQUENCE OF): > _):	vet				0	nterval Between prest and Death 9 days
MEDICAL	PART II. Other significant condition	ons contributing to death be	ut not resulting in	n the underlyin	g ceuse given in		PERFORMED	?	AWAILAI COMPLI OF DEA	1 0
	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (C)	mark and and		_	1 🗆 Y	ES 2 D NO
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 12 Inpatient 2 ER/Outpi		OTHER:	ne 5 🗆 Residence		(Specify)			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME INJU		JURY AT DRK? YES 2 NO	28d. DEŞC	RIBE NOW INJUR	Y OCCUR	ED	
ETED E	3 Suicide 6 Could not be determined	28a. PLACE DF INJURY building, atc. (Speci	treet, factory, offic	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE		SICIAN: To the best of my knowledge: On the best of examination							ruse(a) and me	enner as stated.
O	296 SIGNATURE AND TITLE OF CERTIFI	ER 10	np -		29c. LICENSE NU		29d	. DATE SI	GNED (Month,	Day, Year)
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TO BE	39/NAME AND ADDRESS OF PERSON W		TN (ITEM 27) (Type, 1940)	Print)	1 400			C	705/	7.5

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	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	le ha	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	E
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH MONTH 1900 Pm 216-14-1575 5. SEX 6. AGE (In vrs. last birthde 7. DATE OF BIRTH (Month, Dev. Year 8. BIRTHPLACE (State or Foreign 1 MM 2 F ILAND ST. AGNES
RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ACTIMORE DIRECTOR 10a STATE 10d. INSIDE CITY BALTIMORE 1 TYES 2 THO FUNERAL 10e, STREET AND NUM 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

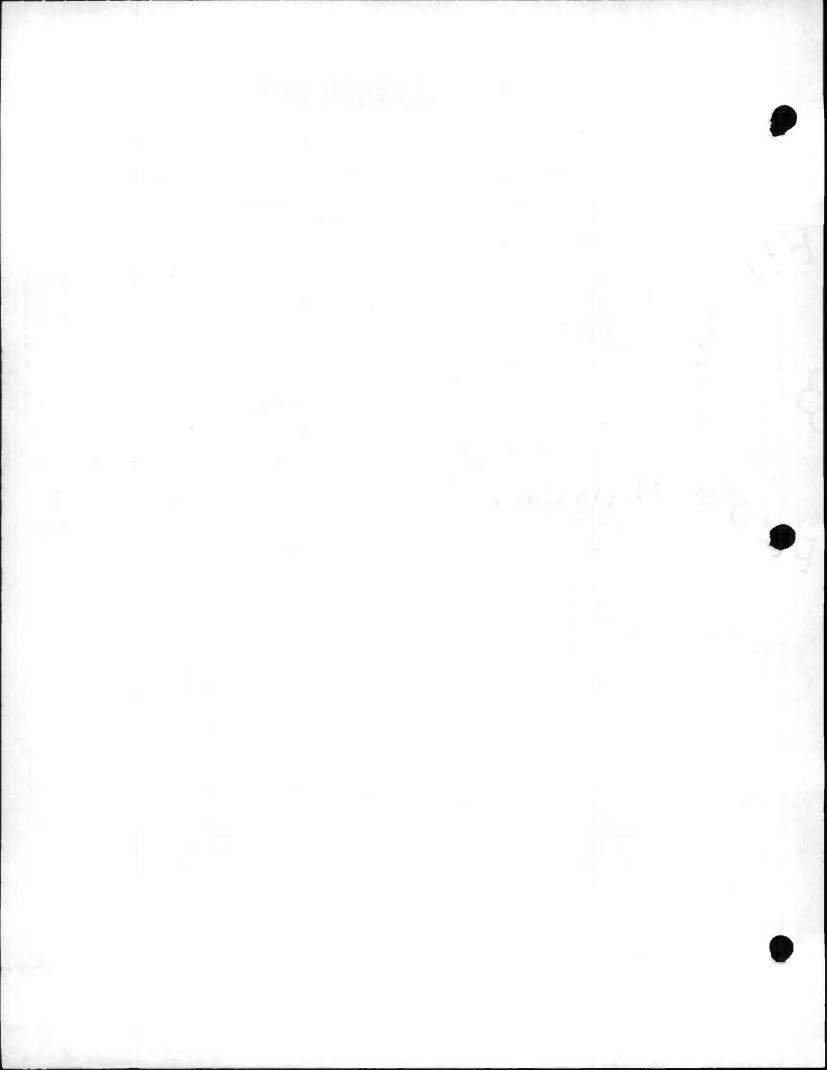
1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married BY IF YES, GIVE WAR OR OATES 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) FORK TRUCK OPERATOR GENERAL ELECTRIC 6TH GRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY SELLNER BARBARA Faltin BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELTA SELLNER 2415 HAMMONDS FERRY ROAD - BALTIMORE, MD. 21227 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State MEADOWRIDGE MEMORIAL PARK 6/12 4 Donation 5 Other (Specify) ELKRIDGE 21. SIGNATURE OF FUNDIAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ngestive OUE TO (OR AS A-CONSEQUENCE OF): betes (2) MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSBITAL: OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA ne 5 - Rasidence & - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Matural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MAND TITLE OF CERTIFIER BE RESIDENT 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) STAGHES HOSP CERTIFIED PHYSIC (AN) 90 9 WB 21229 ALAKIJA ST. AGNES BACTIMORE 900 CATION AV. 32. REGISTRAR'S SIGNATURE hie Davidson-Rando M

TO THE HOSPITAL OR ATTENDING PHYSIONAN-THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION DEWHAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Richard			f						6-9-19		TEAR	11:25 P M
	010 10 0011				ast birthday)	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	212-18-035	_	1 X M 2 □ F	73	YRS.	months.	DAYS	HOURS	Mire.	(Month, Day, Year) 1-13-1	920		yland
~	9e. FACILITY NAME (If not in		treet and number)		1	9b. CITY	, TOWN	OR LOCATI	ON OF DI	EATH	9c. COL	INTY OF D	EATH
DIRECTOR	2411 Fairw	vay				Dı	Dundalk Baltimore						imore
2	RESIDENCE OF DEC	10b. COUNTY			10c CD	TY, TOWN (OR LOCA	TION					10d. INSIDE CITY
E	Md. Baltimore					ndal							LIMITS?
5	10e, STREET AND NUMBER	nual		1. ZIP COD			140- 00		1 TYES 2 NO				
RA	2411 Fairway							01000				WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS	ay	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13	WAS DE	212 CENDENT		NIC ORIGIN? (Specify Y	IU.S		E American Indian,
E	1 Never Married 2	74000	FORCES? 1	YES 2	ND II yes, specify Cuben, Mexican,				in, Puerto Rican, atc.)	- Or NO	Biaci	K, White, atc.	
	3 Widowed 4 Divo	rced	. 120, 0.12	AIT OIT BATES			1 1 153	2 LANO	Specif	у.		Whi	
BE COMPLETED	15. DEC	EDENT'S EDUC y highest grade	CATION completed)	16a. D	ECEDENT'S	S USUAL O	CCUPATI	ON cet of worki	20	16b. KIND OF BI	JSINESS/IN	DUSTRY	
9	Elementary/Secondary (0		College (1-4 or 5	+)	Give kind of e. Do NOT u	ise retired.)	couring ten	Dat OF WORK		Contr	acto	r	
MP	12 yrs			Ca	arpe	nter				& an			
8	17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S NA	ME (First, Middle, Meide	Surname)		
BE	Harry Stancliff Edna Gould												
9	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
	Selina W. Stancliff 2411 Fairway, Dundalk, Md. 21222												
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Neme of Cemetery, crematory or other place) 20c. LOCATION — City or Town, State												
	1 Burlel 2 Cremation 3 Removal from State 4 Doneston 5 Other (Specify) Gardens of Faith Cem. 6-12-93 Balto., Md. 21237												
	Bradley-Ashton Funeral Home, Inc. D00083 2134 Willow Spring Rd. Dundalk Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	23. PART I. Enter the di	Iseases, or c	omplications the	t caused the d	aath. Do	not antar	tha mo	da of dy	Ing, suc	h as cardiac or rea	olretory a	rest,	Approximata
	IMMEDIATE CAUSE (Fin		List only one cau										Interval Between Onset and Death
	disease or condition STAG					HEA	BT	FX	474	IRE			3 mm/1/8
	resulting in death) DUE TO (DR AS A CONSEQUENCE DF):									JAGNIAS			
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EH	resulting in death) LAS		1										
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MEDICAL	SETZU									PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
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¥∥	27. MANNER OF DEATH		1 Inpatient 2		28b. TIA			URY AT	Faldence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEV OC	CUBEN	
-		Pending	(Month, D			JURY	WC	YES 2	T ND	200. DESCRIBE NOW	INDURI OC	CORED	
BY	2 Sutate	Investigation	28e. PLACE O	F INJURY — At h	ome, lerm,	streel, fect				281, LOCATION (Street	and Numbe	r or Ruml F	Pouta Number
	_ 。 _	Could not be determined	building,	atc. (Specify)						City or Town, State)		iodo ivariadi,
COMPLETED	29a. CERTIFIER	TEVINO DUVER	NAME TO the best of		5270 TAV	. Vieto		to a second	11, 1			_	
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B	296. SIGNATURE AND TITUE	OF/CERTIFIER	1	- 1-	0 - 1	0 1 1		29c. LICI	ENSE NUA	MBER	29d. DA	E SIGNED	(Menth, Day, Year)
2	Heidi	ues	accur	- HT	1EN	DING	5	De	506	25	(2/10	143
	30. NAME AND ADDRESS OF	AUE	RBACH,	SE DF DEATH (ITE			es s	SCOTT	- Ke	EY MED	UR	B	MIT, mo
	31. DATE FILED (Month, Day,		No A	R'S SIGNATURE									-1001
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TO THE HOSPITAL OF A COMMINICATION. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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be filed within 72 hours are ment in with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: if item 28 h marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MEDICAL CERTIFICATION

COMPLETED BY PHYSICIAN:

DIRECTOR

FUNERAL

B

COMPLETED

BE

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93 17141 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR STATEN ELLIS LEON 86/07 915A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 194 28 2888 55 YRS. 04/26 1 M 2 D F 38 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAMARITAN GOOD HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1237 Glenwood Avenue 21239 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced Black 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade Sky Cap American Airlines 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John F. Staten Mary Franklin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1237 Glenwood Avenue Mae Staten Baltimore, Maryland 21239 20a, METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. Muy 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART 1. Enter the eligence, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory erreet, ehock, or peert failure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) SEPTIC SHOCK OUE TO (OR AS A CONSEQUENCE OF): (P) HAND ABSCESS STAPH. SEPTICEMIA Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events

PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. END STAGE RENA DISEASE DIABETES

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

6 Could not be

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

resulting in death) LAST

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:

28. PLACE OF DEATH (Check only one) ne 5 🗆 Residence 6 🗆 Other (Specify)

28b. TIME OF INJURY 26s. PLACE OF INJURY — At home, larm, streat, factory, office building, stc. (Specify)

26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

06/07

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to like cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)

MODICAL (WYERN)
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRE ALVIN

GOOD SANARITAN HOSPITAL

31. DATE FILED (Month, Day, Year) 1993

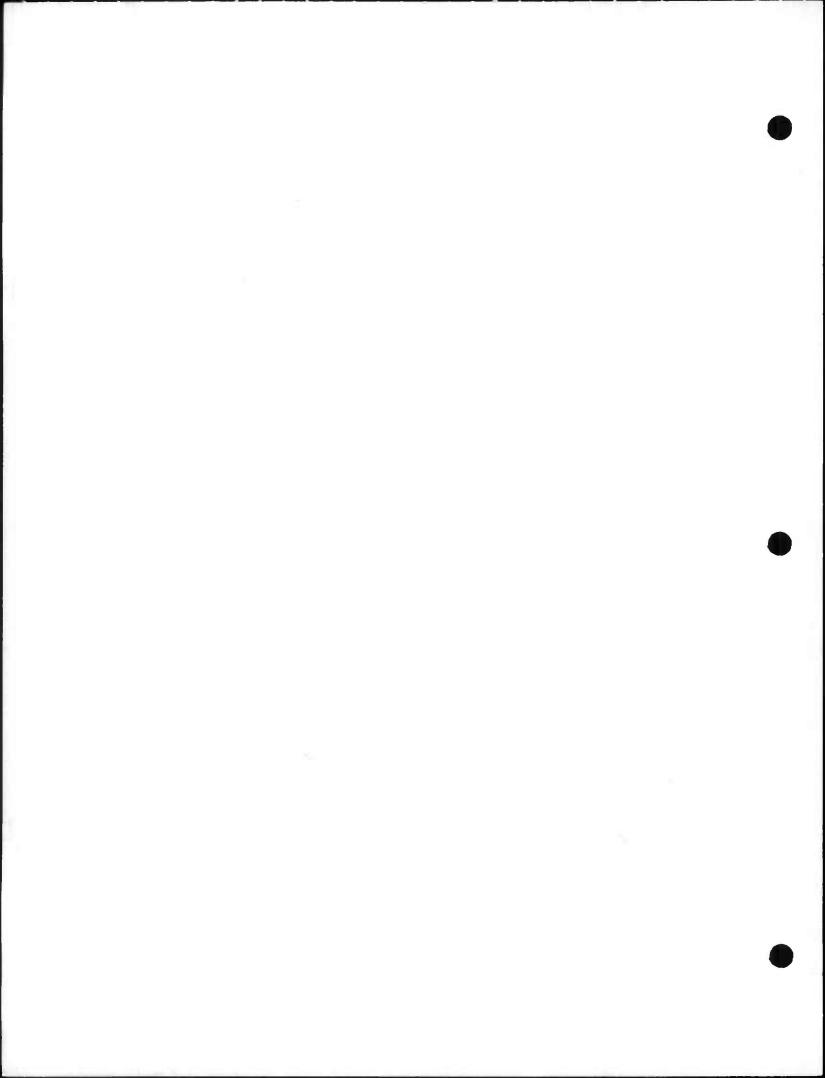
SANICO, a.D. 32. REGISTRAR'S SIGNATURE

28a. DATE OF INJURY

2

	TO THE HIP POWER ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FLOWER DIRECTORS After this conditions has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached	be filed within the ends after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		Kathryn R	. Swar	nstrom	June 11, 1993			7:40 A M			
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIOTH	7 DATE OF BIRTH				
		1 □ M 2 💢 F 8	5 YRS.	NONTHS DAYS	HOURS MIN.	(Morth, Day, Year) 09/05/0	7 Wis	sconsin			
_	9a. FACILITY NAME (If not institution, give atree			9b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF				
DIRECTOR	9828 Woodbridg	e Court 21	042	Elli	cott Ci	ty	Howa	ard			
EC	10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY			
E	Maryland	Howard				ott City		LIMITS?			
	10a. STREET AND NUMBER			101	ZIP CODE	OLL CILY		WHAT COUNTRY?			
FUNERAL	9828 Woodbridg	e Court			2.1	042	US				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	I.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ya	a or No 14. RA	CF - American Indian			
ВУ	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE			2 NO Specify	n, Puarto Rican, atc.)		ck, White, etc.			
ED B	21			1				White			
1	15. DECEDENT'S EDUCAT (Specify only highest grade co	empleted)	(Give kind of wo life. Do NOT use	rk done durina mo	ON st of working	16b, KIND OF BU	SINESS/INDUSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)									
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Busines	S OWITE		ME (First, Middle, Maider		lanagement			
Ü	William H	yland Raym	ond		IS WOTTER S NA	Jessie	,				
) BE	19a. INFORMANT'S NAME (Type/Print)	yrana naym		ODRESS (Street a	nd Number or Rural i	Route Number, City or Tox					
5	William H. R.	Swanstrom						y,MD 21042			
	20a. METHOD OF DISPOSITION 1 Burlal 2 XCremation 3 Remove	20h Pl	ACE AND DATE OF	DISPOSITION /No	me of	DATE 200 LC	CATION CON	Town Ctata			
	4 Donation 5 Other (Specify)	Me	$\operatorname{tro} \ \operatorname{Cre}_{matory}$ or other $\operatorname{tro} \ \operatorname{Cr}_{e}$	ematory	Inc.	6/12 B	altimor	e. MD			
	21. SIGNATURE OF PUNERAL SERVICE LOGINSEE Mr. M. 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc.										
	George E. MacNabb 299 Frederick Road Balto., MD 21228										
	23. PART I. Enter the diseases, or cor	mplications that caused to	he deeth. Do no	t enter the mo-	de of dying, suc	h as cardiac or resp	iratory arrest,	Approximata			
	IMMEDIATE CAUSE (Final	st only one ceuse on eec	h line.					Interval Between Onset and Death			
	disease or condition resulting in death) Due to (or as a consequence of): Metartatic Stonach Cancer										
		DUE TO (OR AS A C	ONSEQUENCE OF):	1 0							
Z	Sequentially list conditions. To Metartatic Stonach Cancer										
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury C.										
E	that initiated events resulting in death) LAST										
	DART II Oak - de Miles a de Miles										
¥	PART II. Other significent conditions of	contributing to death but	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOI		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ă						1 🗆 YES :	NO NO	COMPLETION OF CAUSE OF DEATH?			
×								1 TES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			-							
S	EXAMINER?	IOSPITAL:		THER:	ACE OF DEATH (Ch						
¥	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HOW I	A HIM OCCUPED				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	WO!		zed. DESCRIBE HOW	NJURY OCCURED	ĺ			
BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY -	At home, farm, str			28f, LOCATION (Street	and Number or Rural	Poute Number			
Ĕ	4 Homicide determined	building, atc. (Specify)				City or Town, State		,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	ne death occurred	et the time date	and alone and due	E D	- A - C - C - C - C - C - C - C - C - C				
N N		On the basis of examination as						(s) and manner as stated			
	296. SIGNATURE AND TITLE OF CERTIFIER	()		T	29c. LICENSE NUM			D (Month, Day, Year)			
BE	0116	()			D41471	5					
일	30. NAME AND AGORESS OF PERSON WHO C	OMPLETED CAUSE OF OEATH	(ITEM 27) (Type, P.	rint)	y 11) (00/	11/93			
	Raymond Wilson	n, M.D. 65	65 N.	Charle	s Stree	et Tows	on MD	21204			
10	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATI	RE	ع بد عامامد ح	~ 50166	TOWN!	711 , 11I <i>D</i>	21204			
W	JUN 1 1 1993	Julia Davidson-9	andella					1			



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

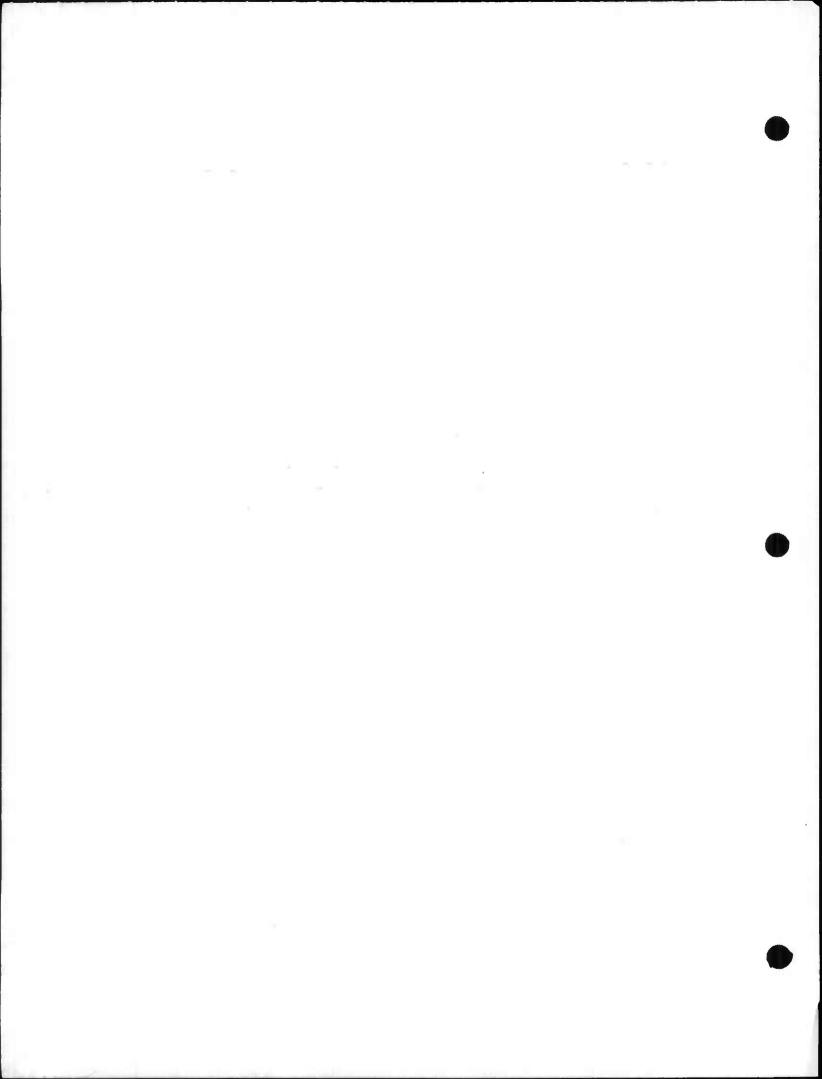
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	ATE C	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	2 6					2. DATE OF MONTH	DEATH	W.	YEAR	3. TIME OF DEATH	٦
	DON'N' /	MS				06					м	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bir	140	UNDER 1 YEA		7. DATE OF (Month, D			8. BIRTH	IPLACE (State or Foreign	
	220-90-6414	1 M 2 X F	15	YRS.	MITTER COAT	NOONS MIN.		-1978	3		vland	
~	9a. FACILITY NAME (If not institution, give :	street end number)		98	. CITY, TOW	N OR LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH	コ
DIRECTOR	Rt. 26 & Oakla	nd Mill	Road		Svke	sville			Ca	rro	11	
EG	10e, STATE 10b, COUNT				OWN OR LO							二
H	Maryland Carro	.11 (CATION					10d, INSIDE CITY LIMITS?	
ا بـ	10e. STREET AND NUMBER	oll County		Mt.	Alry	101. ZIP CODE				-	1 TYES 2 X NO	ᅬ
FUNERAL	6932 Runkles Rd.				1				, ·		VHAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDENT EX	VER IN U.S. ARMET)	12 WAS I	21771 DECENDENT OF HISPAI	WO OPIONE	M . M .		JSA		4
	12CKNever Married 2 Merried	FORCES? 1 IF YES, GIVE WAR	YES 2 X NO		If yes,	, specify Cuban, Mexica	in. Puerto Rici	in, etc.)	or No-	Black	E — American Indian, k, White, etc.	1
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		101	YES 2 NO Specif	y:			Speci	Black	
COMPLETED	15. DECEDENT'S EDU	CATION	16a. DECEC	ENT'S USO	UAL OCCUP	ATION	16b. KJ	ND OF BUS	INESS/IN	DUSTRY	Didek	\dashv
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give k	und of work NOT use re	done during tired.)	most of working	So	uth (arro	11		
릴	9th Grade		Stud	Student				gh Sc				-1
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						-
BE C	Arthur M. Simms						L. S		,			
	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	ORESS (Stre	et and Number or Rural			n, State, Zij	p Code)	20877	\dashv
2	Mrs. Janet L. Sin	ms				mmit Ave.						П
	20e. METHOD OF DISPOSITION LX Paurial 2 Cremation 3 Rem		20b. PLACE AND	DATEOFD	ISPOSITION		DATE			City or To		7
- 1	4 Donation 5 Other (Specify)		cemetery, cremate Mt. Zioi	n Chu	irch (Cemetery	6-11	Mt.	Air	v. M	D	- 1
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Burrier-Queen Funeral Directors, P.A. 1212 W. Old Liberty Rd. Winfield, MD 21784											
	23. PARTY, Enter the diseases, or	complications that ca	weed the deeth	Do not	enter the	W. UIG Li	beerty	Kd.	Wini	ield		-
	23. PARTI. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	IMMEDIATE CAUSE (Final disease or condition)										h	
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										4	
,	SEL O (AN POR A SERVICE OF).											
<u> </u>	Sequentially list conditions, if any, leading to immediate											
CERTIFICATION	cause. Entar UNDERLYING											
Ē	CAUSE (Disease or Injury that Initieted events DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST											
	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS											
8	The state of the s	e contributing to det	nti but not leed	iting in ti	ne underly	PERFORMED? AMAILA				WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
<u>ה</u>							- 12	YES 2	□ NO		OF DEATH?	
Σ							_				YES 2 NO	1
AN	25. WAS CASE REFERRED TO MEDICAL											_
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL;		01	THER:	PLACE OF DEATH (Ch				_		4
<u>\$</u>	27. MANNER OF DEATH	1 Inpetient 2 ER				lome 5 - Residence					et	1
	1 Netural 5 Pending	(Month, Day, Y	bar)	b. TIME OF	94	INJURY AT WORK?	28d. DESCRI					1
B	2 Accident Investigation	06 06 28e. PLACE OF IN	1993	0151		YES 2 NO	Occu	pant	<u>in</u>	aut	o accide	ak
COMPLETED	4 Homicide 8 Could not be determined	building, etc.	(Specny)			TICE		own, State)				
4	29e. CERTIFIER		on s					26 &			d Mill Ro	2 B
<u> </u>	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my										
<u>ਲ</u>	2 MEDICAL EXAMINE		nation end/or inves	itigation, in	my opinior	n, death occured at the	time, date end	I place, end	due to th	ne ceuse(e	end menner ee stated.	1
BE	296. SIGNATURE AND TITLE OF CENTIFIES	Th			-	29c. LICENSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	1
2	9 1	7 —				O.C.N	LE		D (6 06	1993	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Тура, Prin	ne)						177)	1
	MOXIMA		111	Pen	n St	reet, Ba	altim	ore,	Mai	ryla	nd 2120	
51	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	A 82								1
	JUN 1 1 19 93	SUMMENT		-								- 1

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JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prior to burial, cremation, or removal.	. Litera 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
n certificate be executed v	nding physician and com Hygiene prior to burial, c	or other traumatic evi
w requires that the deat	artificate has been signed by the attending physici he State Dept, of Health and Mental Hygiene prior	3 shows any injury.
PHYSI(THE DIFFCTOR: After this certificate has been signed by the state pept, of Health and N	narked, or item 2.
THE ON ATTENDING	L TriPICTOR: After	Linem 28 is n
1	6-	-

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIE	NE	3 17144		
	1. DECEDENT'S NAME (First, Middle, Last) Irene Snyder					2. DATE OF DEATH MONTH DAY YEAR 1993				
	4. SOCIAL SECURITY HUMBER 218=16=3495	5. SEX 8. AGE (70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 1 7 - 1	6	BIRTHPLACE (State or Foreign Country) Maryland		
OR OR	9a. FACILITY HAME (II not institution, give s 806 Martin Road				dle Rive	EATH	9c. COUHT	y of oeath altimore		
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore	10c. CIT	v, town on Local	TION e River			10d. IHSIDE CITY LIMITS? 1 YES 2 HO		
FUNERAL	104. STREET AHD HUMBER 806 Martin Road 107. ZIP CODE 109. CITIZEH OF WHAT COUNTRY United State									
à	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 TYES	2. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 YES 2 1 HO IF YES, GIVE WAR OR DATES		13. WAS DECEMBENT OF HISPANIC ORIGIN? (5 If yes, specify Cuban, Mexican, Puerto Rica 1 YES 2 X NO Specify:		Yes or Ho— 14	RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 0th Grade	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	OH ost of working		on Home	STRY		
BE COM	17. FATHER'S HAME (First, Middle, Lest) James Patterson	FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)								
2	19a. IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Raymond William Snyder, Jr. 806 Martin Road Middle River, Maryland 21221									
	20e. METNOD OF DISPOSITION 1XDBurial 2 Cremation 3 Removal from State 4 Donation e Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete, completely, crematory of other place) HOLLY HILL Mem a Gans. 6/8/93 Middle River, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF EACHLITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222									
	23. PART I. Enter the diseases, or one obook, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Myo COY	ech line.			h es cerdiec or ree	piretory erree	Interval Between Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. HT ero scleros, some of the conditions, our to (or as a consequence of):						20 yrs			
: MEDICAL C	PART II. Other significent condition	s contributing to deeth b	ut not resulting	in the underlyin	g ceuse given in		AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
co ll	27. MAHHER OF DEATH	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIM	E OF 26c. IHJ	URY AT ORK?	28d. DEŞCRIBE NOW INJURY OCCURED				
Y PHYS	1 S Natural S Pending	Suicide 6 Could not be building, etc. (Specify)					LOCATION (Street and Number or Rural Route Number, City or Town, State)			
TED BY PHYSICIAN:	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF IHJURY building, etc. (Spec	— At home, farm, i							
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	building, etc. (Spec	edge, death occurr					ause(a) and manner as stated.		
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowledge. On the basis of examination	edge, death occurr a and/or investigation	on, in my opinion, o		time, data end place,	and due to the c	sause(a) and manner as stated.		
E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYIHG PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge. On the basis of examination	edge, death occurring and/or investigation No. 1 No. (ITEM 27) (Type, 10 / 2 / 3	on, in my opinion, o	29c. LICENSE NUN	time, data end place,	29d. DATE S			



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	2 ho	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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IMPORTANT: If item 28

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burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY O 9 93 SHIFFLETT JUAN ITA 2 AM 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig IF UNDER 24 HRS. 578-40-7337 6 2 YRS. 1 - M 2 X 10.36. 30 Virginia 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital DIRECTOR Howms County Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard County Marriottsville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11480 Route 99 21104 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВУ 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 6 Springfield Hospital Nurse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Shugard Harlow Marshall Eva 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Martin Cooper 11480 Route 99 Marriottsville, MD 21104 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Crestlawn Mem. Gardens 6/12 Marriottsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Brian Na Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or heert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition . Cerebral V ASCULAT A COID ENT DAY resulting in death) DUE TO (OR AS A CONSEQUENCE OF) mellitus Di BBets PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Hypertension DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Danal Dixose 1 YES 2 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 100 ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing He 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as steted. 2 MEDICAL EXAMINER: On the basis of exi mination end/or investigation, in my opinion, de red at the time, date and place, and due to the cause(e) and manner se stated. Dren well D34334 29d. DATE SIGNED (Month, Day, BE 09-93 ▶ 06 2 ROBETT PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRANS SIGNATURE

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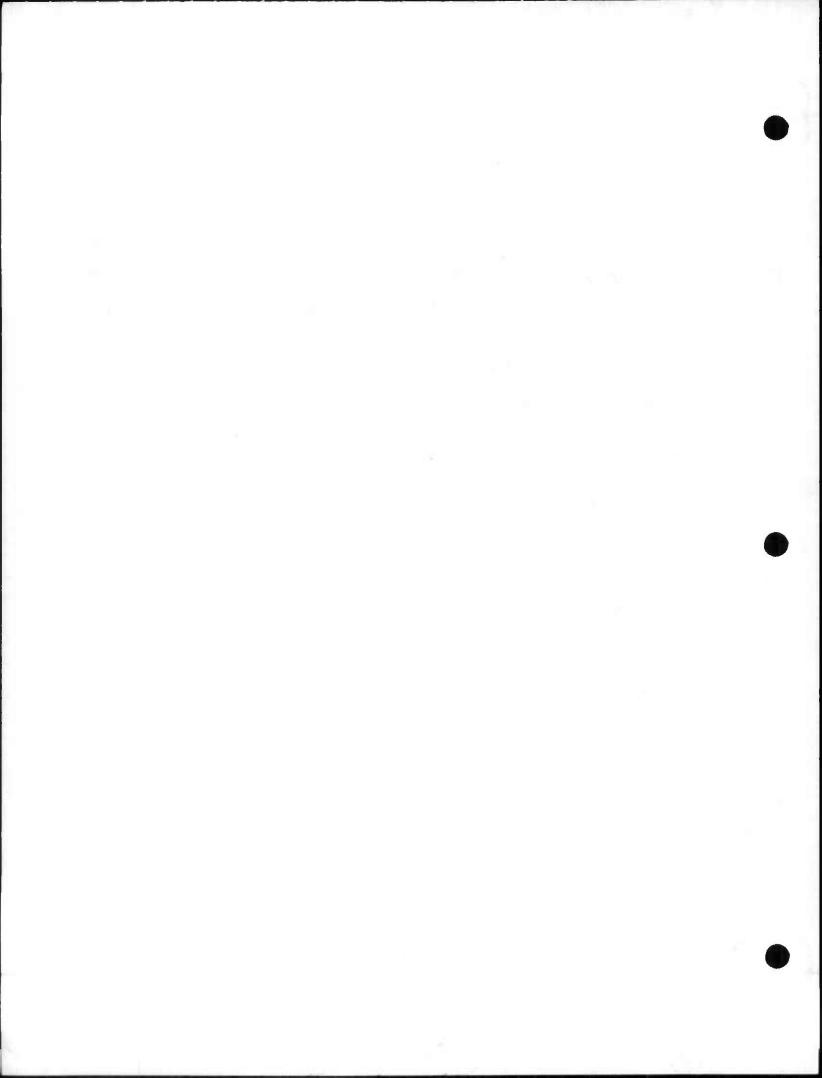
1 - STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.									
	1 8	1. DECEDENT'S NAME (First, Middle, Last)	T.1.0.1.1.0		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH								
		THELMA 4. SOCIAL SECURITY NUMBER: 5	THOMAS		JUNE 8, 1993	6:45A M								
P		218-18-9426	SEX 8. AGE (in yrs. last birthdey) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Manth, Day, Year) /2-6-/3	8. BIRTHPLACE (State or Foreign Country)								
3 should	œ	9a. FACILITY NAME (If not institution, give stree	· ·	96. CITY, TOWN OR LOCATION OF DE	30.0001	TY OF DEATH								
1. 2.	010	THE JOHNS HOPKING	S HUSPITAL	BALTIMORE CIT	<u>Y</u> BA	LTIMORE CITY								
mit. Pages	DIRECTOR	10s. STATE 10b. COUNTY	10c. CM	Alti MORE		10d. INSIDE CITY LIMITS? 1 VES 2 NO								
	FUNERAL	John Hopkins	Hospital	101. ZIP CODE 2/20	10g. CITIZ	EN OF WHAT COUNTRY?								
	B	11.	2. WAS DECEMENT EVER IN U.S. APMED FORCES? 1 YES 2 YO NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Odban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, Ac.								
ital or attend d for use as	LETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Specoplary (0-12)		USUAL OCCUPATION work done during most of working se retired.)	16b, KIND OF BUSINESS/INDU									
by the hospital be detached for at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	est	18. MOTHER'S NA	ME (First, Middle, Naiden Sumame)	,								
ay be retained the page 5 should the notified	TO B	Davil ME	Lesd 4/10	AODRESS (Street and Number or Rural II) Elenm	Poute Number, City or Town, Stays, Zip (Th. MD21206								
Page 6 may al director, pa ner must b		20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Donation 8 Other (Specify)	from State cemetery crematory to	of Disposition (Name of their place)	0ATE 20c. LOCATION — C	ity or Town, State								
death. the funeral.		21. SIGNATURE OF FUNERAL SERVICE LICEN	arroll	22. NAME AND ADDRESS OF FA	losth Are. C	ARROHT H								
24 hours after filled in by the on. or removal			polications that caused the death. Do not only one cause on each line.	not enter the mode of dying, auc	as cardlec or reepiratory arre	at, Approximata interval Between								
nted within 24 h completely filled rial, cremation.		immediate cause (Final disease or condition resulting in death)	Probable ASPI		monia	Onset and Death 4-6 hawy								
P 2 2 2	N.	Sequentially list conditions Metastatic Gastric Carcinoma hyear												
ste be execut ysician and c prior to buria traumatic	CATIC	if any, leading to immediate cause. Enter UNDERLYING	Perotinitis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											
th certifica ending ph i Hygiene or other	CERTIFICATION	cause (Disease or injury thet initiated events resulting in death) LAST	Gastic outlet	n	~ 3 weeks									
by the or the the the the the the the the the the	DICAL C	PART II. Other algnificent conditions conditions	ontributing to death but not resulting	in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO								
S E =	MEDI				1 TYES 2 TONO	OF DEATH?								
as bept.	AN:	25. WAS CASE REFERRED TO MEDICAL												
AN: The ificate h State [PHYSICIAN:	EXAMINER?	OSPITAL:	28. PLACE OF OEATH (Che OTHER: 4 □ Nursing Home 5 □ Residence										
PHYSICIAN: The this certificate with the State	PHY	27. MANNER OF DEATH	28e. OATE OF INJURY 28b. TIM		28d. DESCRIBE NOW INJURY OCCU	PREO								
DING PHYS After this death with	BY	1 Natural 5 Pending E Accident investigation	NA	M 1 YES 2 NO										
TTEN TOR: after	TED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At home, farm, a building, atc. (Specify)	street, factory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,								
E AN =	COMPLETE		Y: To the best of my knowledge, death occurre on the basis of examination end/or investigation											
TO THE HOSPI TO THE FUNER be filed within	BE C	296. SIGNATURE AND TITLE OF CENTIMER	0.1	29c. LICENSE NUM		SIGNED (Month, Day, Year)								
TO THE De filed W	10 B	30 NAME AND ADDRESS OF STREET	for Dr F. O'Donr	300	20	5 9 93								
/		30. NAME AND ADDRESS OF PERSON WHO CO	MD, Tower 11	D Mailboxes	Doctor's Low	ye, JHH								
5		31. DATE FILED (Morith, Day, Year)	32 REGISTRAR'S SIGNATURE											

BALTIMORE, MARYLAND 21215-0020

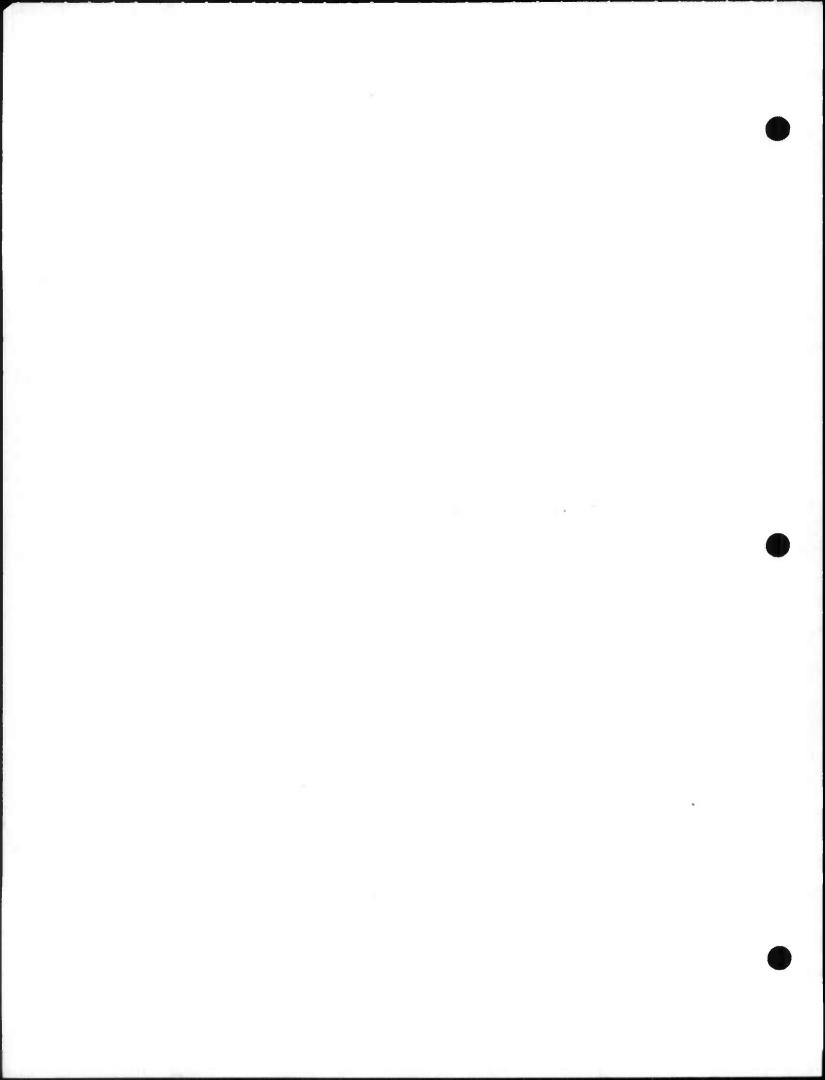
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Lest)	· ·		OLITTI	IOAIL	- 01	DEAI	··	2. DATE OF DEATH			3. TIME OF DEATH			
0	SARAH		VIRGIN	IΤλ		T.7 T	200			MONTH D	AY	YEAR	I TIME OF DEATH			
	4. SOCIAL SECURITY NUME	BER	5. SEX		rs. last birthday)		EBB	IF UNDER 2	14 1990	June 6	19	93	M			
	214 26 06	0.7	1 [M 2]X] F			MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)				
	214-26-06				52 YRS.		Dec 20 1930						Maryland			
Œ							9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
16	St. Agnes	HOSE	oital			<u>Bal</u>	Baltimore									
DIRECTOR	10e. STATE	10b. COUNT			10c. Cf	CITY, TOWN OR LOCATION							Od. INSIDE CITY			
5	Maryland					Catonsville							LIMITS?			
4	10e. STREET AND NUMBER					10t. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	6001B 01d	Frad	leriek P	5.co												
3	11. MARITAL STATUS	1160	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	21228 13. WAS DECENDENT OF HISPANIC ORIGIN?					or No.	USA	- American Indian,			
	1 Never Married 2 🔀		FORCES? 1 IF YES, GIVE W	YES 2	MNO	lf lf	yes, sp	ecity Cuben,	, Mexican	, Puerto Rican, etc.)	01110	Black, 1	Black, White, etc.			
3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 169. KIND OF BUSINESS/INDUSTRY																
										Black						
<u> </u>	(Specify only highest grade completed) Elementary/Secondary (0-12) 9th Grade Nurse's Aide Nurse's Aide Archdioses of B: 17. FATHER'S NAME (First, Middle, Lest)															
MP											Baltimor					
Ö	<u>Eugene Brown</u> Pauline Stewart											Darcinor				
10 E	19e. INFORMANT'S NAME (T	ype/Print)			196. MAILIN	G ADDRESS	(Street a	and Number o	or Rural Ro	oute Number, City or Tow	n, State, Zip	Code)	1000			
=	Charlotte	Scot	t		5930	01d	F	redei	rick	Road	Cato	nevi	1228			
	20a. METHOD OF DISPOSITI		ount from State		ACE AND DATE	OF DISPOSIT						City or Town				
	4 Donation 5 Other		TOTAL TIONS STATE	- MD V	y, crematory or d leterar	Cem	/Gar	crisor	n	6/14/ 0	jin∈s	Mill	e MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MD Veteran Cem/Garrison 6/14/ Owings Mills, M 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes,											moc Tnc				
	150000	1 0		~		250	01.0	wynns	s Fa	11s Parkwa	av	ar no	mes, IIIC.			
	2501 Gwynns Falls Parkway Baltimore, Maryland 21216															
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.											Approximate interval Between				
	iMMEDIATE CAUSE (Fin disesse or condition	ini	Ca	rdiac	Arrhy	thmia							Onset and Death			
	resulting in death)	7	a		NSEQUENCE C											
_	Hypertrophy of the heart, esp. right ventricle years											vears				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate											years				
18	cause. Enter UNDERLYI	NG	Ch	ronic	obstr	uctive	e pu	ılmona	ary	disease			years			
Ē	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A COI	NSEQUENCE O	HF):										
E	resulting in death) LAS	T	d													
	PART il. Other significe	nt condition	a a a stelle otte - A -													
DICAL	_Atheroscl					in the und	lerlying	g cause giv	ven in P	art I. 24s. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO			
ă	_Atherosci	erosis	s, nephro	sciero	OSIS					1 X YES 2	□ NO	0	OMPLETION OF CAUSE F DEATH?			
Σ										_		¥	¥ YES 2 □ NO			
Ž																
0	25. WAS CASE REFERRED TO EXAMINER? X	MEDICAL	HOSPITAL:			OTHER:		ACE OF OE	ATH (Chec	ck only one)						
PHYSICIAN:	1 TES 2 NO		1 N Inpatient 2		nt 3 □ DOA			e 5 🗆 Rasi	idence 6	☐ Other (Specify)						
F	27. MANNER OF DEATH 1 X Netural 5 1	Pending	28e. DATE OF (Month, De		28b. TJA	IE OF 2	WO	URY AT RK?		28d. DESCRIBE HOW II	NJURY OC	CURED				
BY		nvestigation				М		/ES 2 🗌	NO							
		Could not be determined	28e. PLACE Of building,	F INJURY — A etc. (Specify)	t home, farm,	street, factor	ry, office	•		281. LOCATION (Street & City or Town, State)	ind Number	or Rural Rou	te Number,			
Ш																
ם										the cause(e) and men						
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the beele of ex	amination and	d/or investigation	on, in my opi	inlon, de	eath occured	d at the ti	me, date end placa, an	d due to th	e cause(e) a	nd menner ea stated.			
w l	296. SIGNATURE AND TITLE	OF CERTIFIE	200)				29c. LICEN	SE NUME	DER	29d. DAT	E SIGNEO (M	lonth, Day, Year)			
9 0	Mecha	RE	- Tel	13a	\sim .	MS	ĺ	DO	9990			6/7	/93			
5	30. NAME AND ADDRESS OF															
	Michael E	. Pelo	zar, M.D	. St.	Agnes	s Hosp	oita	al 900) Ca	ton Ave.,	Balt	., MD	21229			
	JUN 1 1 199	(bar)	32, BEGISTRA	R'S SIGNATUR	RE.											
	OON F 1 199	J gr	the view door	-Randa												



BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF AFFEMING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL WASCENCY After this certificate has been signed by the attending physician and completely filled in by the to filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

LAURA M 31. DATE FILEO (Morrith, Day, Year) JUN 1 1 1993

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	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	RTMEN	T OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN	E		11140	
į.	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	De De	MELAN	TIME OF DEATH	
	Joseph L) i c. q i	15	- 7					MONI	"6"	9	YEAR	1333 W	
- 6	4. SOCIAL SECURITY NUMBER				A 1 YEAR	IF UNDER		7. DATE OF BIRTH 8. B			8. BIRTHPL Country)	ACE (State or Foreign		
2	225-12-4443	1 M 2 - F	75	YRS.	MONTHS	DAYE	HOURS	MIN.		2-191	inia			
	9a. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DE	N OF DEATH 9c. COUNTY OF DEATH					
9	Northwest Medi	cal Cen	ter		F	Pike	svi1	l1e			Ba1	timo	re	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	·		100 017	V TOWN	OR LOCAT	ION							
SIR	Maryland					mor							d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			I Do	TICI		. ZIP CODE				100 CITIZ		YES 2 NO	
FUNERAL	612 N. August	2					2122				log. Citiz	USA		
Š	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.				VIC ORIGII	Y? (Specify Yes	or No.			
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	1	If yes, spo	ecify Cube	n, Mexica	in, Puerto	Rican, etc.)	- OI NO		American Indian, White, etc.	
BY	3 Widowed 4 Divorced		WWI	T.		1 1 123	2 110	Specin	γ.			Specify: Black		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL C	OCCUPATIO	ON et of workin	M	168	. KIND OF BU	SINESS/INDU	JSTRY		
(Specify only highest grade completed) Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) Propress to T														
Tropicion Crocci,														
	17. FATHER'S NAME (First, Middle, Last)	_								Middle, Maiden	Sumeme)			
BE	Walter Wiggin		ra Adams											
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Emma Wiggins 612 N. Augusta Ave. Balto., Md. 21229											1220		
	200. METHOD OF DISPOSITION							t Av						
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b.PLACE cemetery, cn	ematory or o	ther place)			OAT		CATION — C		Slate	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Garr	iso	F C	NAMEAN	+ Ve	S OF FA	14	Ba 1	to.	Md.		
	S 11.	4	- 0)						ral S				
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	23. PART i. Enter the disesses, or a shock, or heart fellure.	compiicstiona tha List only ona cau	t caused the desagn line	eath. Do i	not ente	r the mo	da of dyi	ng, suci	h ss can	diac or respi	ratory arre	est,	Approximate interval Between	
	IMMEDIATE CAUSE (Fins) Onset and De												Onset and Death	
1	resulting in death)	. CARD	IAC	AK	RE	ST								
	resulting in death) s. CARDIAC AKREST DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												20 yrs	
FA													20	
임	CAUSE (Disease or Injury that initiated events	C. DIAB	(OR AS A CONSE	OUENCE O	F):	LLI	10	>					Loyrs	
E	reaulting in death) LAST	4												
ਹ	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRODUCT.													
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to	death but not	resulting	in tha u	ndariying	cause g	lven in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ă									_	1 - YES 2	NO		OMPLETION OF CAUSE DEATH?	
×						_			_			1	YES 2 NO	
A N	OF MAD CARE DEFENDED TO AND AND AND AND AND AND AND AND AND AND													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHE		ACE OF DE	EATH (Che	eck only or	ne)				
₹	1 YES 2 NO	1 Inpatient 2 5		_			5 🗆 Re	sidence						
	1 Netural 5 Pending	28a. DATE OF (Month, D.		26b. TIM	URY		RK?	1	28d. DES	SCRIBE HOW I	NJURY OCCI	URED		
B	2 Accident Investigation	28e PLACE O	F INJURY — At he	OTTO John I	etro et Jos		ES 2	NO	201 1 0 0	471011 (0)		-		
8	3 Suicide 6 Could not be 4 Homicide determined	building,	ate. (Specify)	onina, racini,	etrout, rec	tory, office				ATION (Street a or Town, State)	ind Number o	or Hural Hout	e Number,	
COMPLETED	290. CERTIFIER				- 14									
MP	(Check only 1 CEHTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilma, date end place, end due to the cause(e) end manner ee stated.													
	2 - MEDICAL EXAMINEN: On the basic of examination end/or investigation, in my opinion, death occurred at the Ilma, date and place, and due to the cause(e) and manner as attated.													
H	296. SIGNAPHRE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED/(Month, Pay, Year)											orith, Pay, Year)		
2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED ONLE	100	7	1-0		L	18	41	U		0//0	0/93	

OEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE
Pulia Devidor-Randase

1830

MONUMENT

BALTIMORE

mt. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be field within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

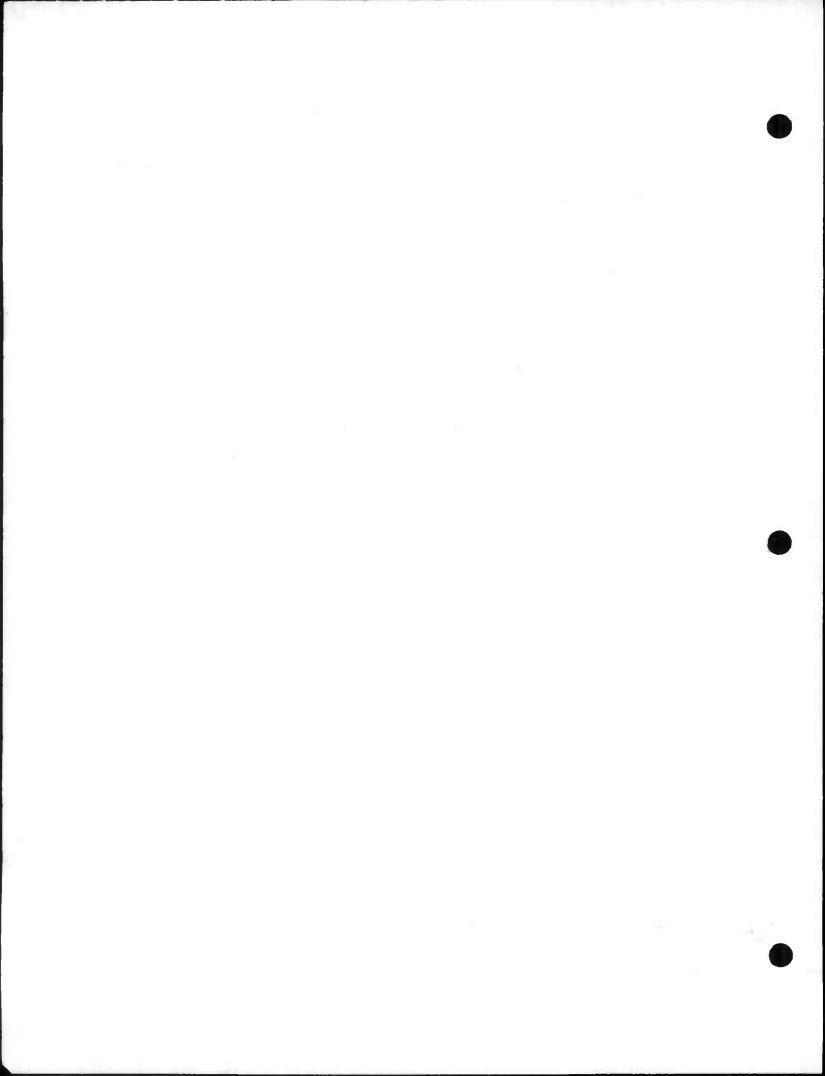
								93	1714		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		ENTAL HYG					
- 10	1. DECEDENT'S NAME (First, Middle, Last)		44			2. DATE OF DEAT	'H DAY	YEAR	3. TIME OF DEATH		
	MARGARET	С.	WAREHI	ME		June	7,	1993	11:00 PI		
	4. SOCIAL SECURITY NUMBER 215-09-6708	5. SEX 6. AGE (1	HOURS MIN	7. DATE OF BIRTI (Month, Day, Ye, Feb. 5,	nr)	Country	PLACE (State or Foreign 7)				
_	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN	OR LOCATION OF DEAT	ГН	9c. C0	UNTY OF D	ЕАТН		
DIRECTOR	UNION MEMORIAL HO RESIDENCE OF DECEDENT 106. STATE 106. COUNTY			BALTIMO							
DIRE	Maryland	. 130		ltimore	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10a. STREET AND NUMBER 3404 Parklawn Aven	iue			21213			S.A.	HAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANIC ecify Cuben, Mexican, 2 NO Specify:	ORIGIN? (Specif Puerto Rican, etc	y Yea or No—	14. RACE Black Specifi	- American Indien, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION or done during more retired.)	ON st of working	16b, KIND OI	BUSINESS/II	IDUSTRY			
릴		I/A	Office	Manager		Butle	er Bro	thers			
ō	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME						
BE	Unknown Kleinsmith Margaret C. Kleinsmith										
2	19e. INFORMANT'S NAME (Type/Print) 19b. Mailling ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Eulalah Bunjon (Si	ster-in-law)	4289 F	alls Roa	ad, Baltin	more, M	1. 212	11			
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remo	ovel from State 20b.	PLACE AND DATE OF elery, crematory or of W Cathed	prosposition (Na her place)			Baltim		Maryland		
	21. SIGNATURE OF FUNERAL SERVICE	ENSEE		22. NAME AI	ID ADDRESS OF FACIL	LITY			rary rana		
	· Eugene	1. Casta	25 h		inek Funer Brehms Lar				21213		
	23. PART i. Enter the diseases, shock, or heart fellure. I			ot enter the mo	de of dying, auch a	na cardiac or r	espiratory a	rrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition reculting in death) a. Acute Myocaretical inhire him Oue to (or as a consequence or): Physical hypothesism Due to (or as a consequence or): Cause Enter UNDERLYING CAUSE (Disease or injury) Cause (Disease or injury)										
,	Pometral by 10 tension										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
3	cause. Enter UNDERLYING CAUSE (Disease or injury	Conges	hiro ho	mit 1	culure						
≣	that initisted events	DUE TO (OR AS A	CONSEQUENCE OF):							
ב ב	resulting in death) LAST	l									
- II	PART ii. Other aignificant conditions	s contributing to deeth br	ut not resulting in	n the underlying	cause given in Pa	ort i. 24a. Wil	S AN AUTOPS	/ Z4h	WERE AUTOPSY FINDINGS		
5			•			PEI	FORMED?	-	AMILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL						_ 1	S 2 1 NO		OF DEATH?		
≥						-			1 TYES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Check	only one)					
3	EXAMINER?	HOSPITAL:	Itlent 3 DOA	OTHER:	e 5 ☐ Residence 8						
	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT 2	8d. OEŞCRIBE H		CCUREO			
1	1 Netural 5 Pending	(Month, Day, Year)	INJ		RK? /ES 2 NO	_					
9	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	At home, ferm, si	treel, factory, offic	2	81. LOCATION (St City or Town, S	reet end Numb itate)	er or Rural R	oute Number,		
COMPLE		CIAN: To like beat of my knowle									
3	2 MEDICAL EXAMINES	R: On the beele of axamination	end/or investigation	n, In my opinion, d	eath occured at the tim	ne, date end plac	e, and dua to	the ceuse(e)	end menner ee stated,		
N P	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE	ER	29d. OA	TE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEA			morrial 1	Arin bo	1	- 1			
H	31. DATE FILED Month	A DESCTIPADIO CIONA		1.0. 7 00	1	000/11.11	-				

1 - FOR STATE REGISTRAR

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IN OF VITAL RECORDS, P.O. BOX 68760,	DO ATTENDING DUVCINIANT The last sequines that the death confidence he considered within 24 hours
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DIVISION	ATTENIONS
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		Merrifrances	Ole, Lest)	We	estwood						6 10	DAY C		1:15 P.
_		4. SOCIAL SECURITY NUMBER 215-32-9944		S. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Sept. 23	, 1921	Country)	LACE (State or Foreign
2, 3 should	стов	99. FACILITY NAME (If not institute 929 Spangler RESIDENCE OF DECED	Way	et and number)			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore						ITY OF DEA	
III. Pages 1	DIRE		. COUNTY			Ba	y, TOWN O	re	ATION				1	Od. INSIDE CITY LIMITS? XX YES 2 \(\) NO
13	ÜNERAL	929 Spangler	Way			101. ZIP CODE 21.205					U.S.A.			AT COUNTRY?
s the property	PLETED BY F	11. MARITAL STATUS 1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married Mar	ried	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED 13. WAS DECEMBENT OF HISP If yes, specify Cuban, Mexi- 1 YES 2 NO Specific Cuban, Mexi-					rican, Puerto Rican, etc.) Black, 1			- American Indian, White, atc. White
the nospital or attend detached for use as once.		15. DECEDER (Specify only high Elementary/Secondary (0-12) N/A		TION mpleted) College (1-4 or 5 + N/A	·) #	DECEDENT'S 'Give kind of fe. Do NOT u	work done d se retired.)	CUPATI uring m	ION ost of work	ing	16b. KIND OF BU		USTRY	
detach	CO	17. FATHER'S NAME (First, Middle,	-								ME (First, Middle, Malder	Surname)		
ed at	96	William Richa		Ister							Milton			
y be retained page 5 should be notified	2	Francis S. We	,	od (Husk							Route Number, City or Ton 1timore, 1	4d. 21	205	
director, pa		1 Burial 25 Cremation 3 4 Donation 5 Other (Spe	cify)		cemetery, c	rematory or o	ther place)	ete	ery		6/11 Ba	altimo		Maryland
24 mous ariet loeant. Fage o may be training by the hospital of filled in by the funeral director, page 5 should be detached for on, or removal. he medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL SE	AM	odlar	00		3	331	l Bre	k Fu hms	neral Home Lane, Balt	timore		. 21213
d in by the or removal.		23. PART i. Enter the disease shock, or heart	ses, or con failure. Lis	it only ona cau	se on Each lir	18.							eat,	Approximata interval Between
stely filled la mation, or it, the me		iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	m	etas	sta	tic		Lu	na	Canc	er		Onset and Death
completely rial, cremati c event, t	_			DUE TO	OR AS A CONS	POUENCE O	F):	hu	50	0				
siclan and coprior to buria	CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		DUE TO	OR AS A CONSI	EQUENCE O	n: 1as	fic	5	w	ndrom	0.		
the attending physician and completely filler whental Hygiene prior to burial, cremation, ijury, or other traumatic event, the	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO	OR AS A CONSI	X.O	F):			0				
the at 1 Member 1 Member		PART II. Other significant co	onditions o	contributing to	death but not	resulting	In the unc	lerlyin	g cause	given in	Part i. 24a, WAS AF		24b. W	ERE AUTOPSY FINDINGS
seen signed by the atter of Health and Mental	MEDICAL	_Chroni	c C)bstr	uctiv	re fo	ill	KO,	nar	y D	SOCK PERFO		Oi Oi	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
as been Dept. of 23 sho													,	YES 2 NO
ertificate has b the State Dept.	SICIAN	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	H	OSPITAL:			OTHER		LACE OF D	EATH (Che	eck only one)			
certification the	PHYS	27. MANNER OF DEATH	1	26e. DATE OF	INJURY	3 DOA 26b, TIM		_	DURY AT	esidence	6 Other (Specify) 28d. DESCRIBE HOW	IN ILIBA OCC	HEED	
fter this c eath with marked,	ВУ Р	1 Natural 5 Pend 2 Accident Inves	ing tigation	(Month, Da	ny, Yeer)	INJ	M	WC	YES 2] NO	300.02001102.11011	MISONI GOO	JALO	
after d	윤	3 Suicide 8 Could 4 Homicide deter	ome, larm, :	street, facto	ry, offic	00	11	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			te Number,			
	OMPLET										to the cause(s) and ma			nd manner as stated.
TO THE FUNERAL De filed within 72 IMPORTANT: If	E CO	296. SIGNATURE AND TITLE OF		DV	~				-	ENSE NUM				Ionth., Day, Year)
2 2 3 S	6	Joyc	2	KI	ng	MD			l		2986	D 0	6/10	193
2				101 Fra	nklin S			æ,	Suite Medi	205 cal	Arts Bldg	, Balt	.o.,M	d. 21237
		JIIN 1 1 100	3 4	32. REGISTRAI		-4								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR

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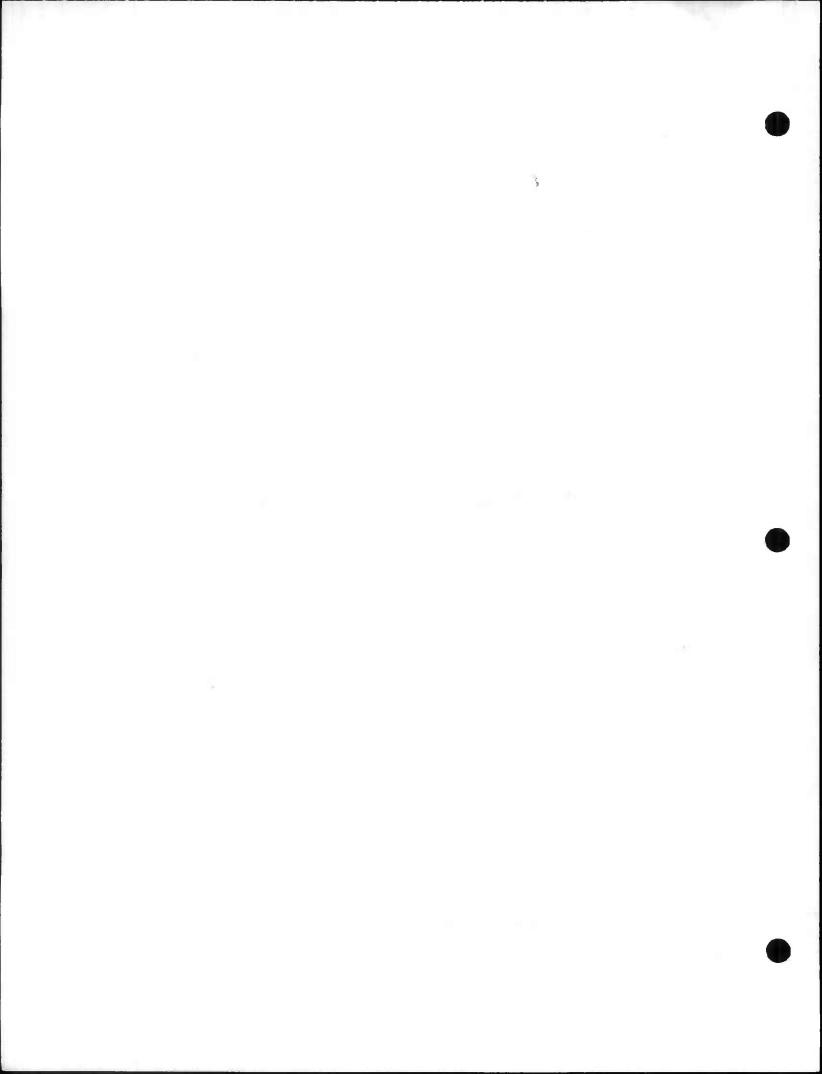
TO BE COMPLETED BY FUNERAL DIRECTOR

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Juns after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a few death with the State hear of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT	OF H	IEALTH DEAT	AND I	MENT	TAL HYGI REG.		93	3 17151		
(Last)	JOSEPHII	NE M. WOO	DS					2. DA	TE OF DEATH	6/9/9 4 -	3 VEAR	5:15 pm		
ī	5. SEX 1	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	(Marth Day Word						8. BIRTHPLACE (State or Foreign Country) MISSOURI		
	street and number) HOME		LTIM		EATH		9c. COL	9c. COUNTY OF DEATH						
DUNT	y BALTIMORE		CATONSVILLE						10d. INSIDE CITY LIMITS? 1 YES 2XX NO					
WA	Y				10	101. ZIP CODE 21228					U.S.A.			
	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2XX			If yes, sp		n, Maxica	n, Puar	GIN? (Specify to Rican, atc.		14. RAC Blac Spec	E — American Indian, k, White, etc. sity: WHITE		
	JCATION e completed) College (1-4 or 5+)	inte	CEDENT'S live kind of Do NOT u	work done se retired.)		ON ost of worki	ng		16b, KIND OF	BUSINESS/INDUSTRY OWN HOME				
BN	ER					18. MOTHER'S NAME (First, Middle, Melden Surname) ROSA STICK								
)	(DAUGHTER									Town, State, Z E, MAR		D 21228		
Removal from Stata 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) NEW CATHEDRAL CEMETERY 6/11/98 BALTIMORE MARYLAND									J-0-1.1791					

REGISTRAR				ERITE	CALE	OF D	EATH	REG. N				
	die, Last)	JOSEPHIN	bod	5				2. DATE OF DEATH MONTH ==	6/9/9 9 -	93	5:15 pm	
4. SOCIAL SECURITY NUMBER 212-34-8686		SEX 6.	AGE (In yrs. I		(ay) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. MONTHS DAYS HOURS MIH. JUNE 24, 1895 8. BIRTHPLAG Country) MISSO						HPLACE (State or Foreign fry) SSOURI	
9a. FACILITY NAME (If not instituti	FACILITY NAME (if not institution, give street and number) 96. CITY, TOWN OR LOCATE						OCATION OF DE					
	ESWICK NURSING HOME						IMORE					
10e. STATE 10b	. COUNTY	Y 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
MARYLAND	BA	ALTIMORE					CATONSVILLE 1 101, ZIP CODE			1 YES 2XX NO		
2105 FERNGLEN	N WAY							21228		U.S.		
11. MARITAL STATUS 1 Never Married 2 Marr 3 XX/didowed 4 Divorced	T I IF YES, GIVE WAR OR DATES I 11 YES 2X KNO Sonc/lv:						ck, White, etc.					
15. DECEDEI (Specify only high	hest grade co	mpleted)		Give kind of wife. Do NOT use	ork done du	UPATION ring most o	f working	16b, KIND OF	BUSINESS/IN	IDUSTRY		
Elamentary/Secondary (0-12) 12		College (1-4 or 5+)		OUSEWI					OWN H	OME		
17. FATHER'S NAME (First, Middle,	, Last)					1	B. MOTHER'S NA	ME (First, Middle, Maid	len Surname)			
J. GOTLEIB HU		}					ROSA	STICK				
19a. INFORMANT'S NAME (Type/F				19b. MAILING	ADDRESS (Street and	Number or Rural	Route Number, City or	Town, State, 2	Zip Code)		
MARY WALCH	(1	DAUGHTER)		2105	FERNO	GLEN	WAY, CA	TONSVILLE	, MAR	YLAN	D 21228	
20a METHOD OF DISPOSITION 1 X Aurial 2 Cremation 3 4 Donation 5 Other (Spe		al from Stata	other	e of disposi place) CATHED			ry, crematory or ERY		BALTI		own, Stata , MARYLAND	
21. SIGNATURE OF FUSIENAL B	200	ISEE .	2				AOORESS OF FA		WITZK	E FU	NERAL HOMES	
Leeseer		1 Jet			163	30 EI	MONDSO	N AVENUE,	CATON	SVIL	LE, MD.21228	
IMMEDIATE CAUSE (Final	sea, or con fallure. Lis	at only one cause	on each II	ne.							Approximate Interval Between Onset and Daath	
disease or condition resulting in death)	a.,	DUE TO (O	R AS A CONS	EEQUENCE OF	Plea	Nt.	rail	av dis.			1 week	
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING	0	DUE TO(O	AT A CONS	MEOUENCE OF	Car	dies	vascul	ar des.	ease	prior .	30 years	
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	DUE TO (O	R AS A CONS	SEOUENCE OF	Ŋ:							
PART II. Other algorificant of	0	44 1 .	eath but no	-	n the und		cause given in	PER	AN AUTOPS FORMED?	Y 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO	1	HOSPITAL:	EB/Outputient	3 🗆 DOA	OTHER:	9	E OF DEATH (C	8 Other (Specify)				
27. MANNER OF DEATH 1 Return 5 Pen		28a. DATE OF IN (Month, Day)	JURY	28b. TIM	_	28c. INJUR	Y AT	28d. DESCRIBE HO	W INJURY C	CCURED		
2 Accident Inve	atigation old not be armined	28a. PLACE OF building, at		home, farm, s	itreet, factor		2 110	28t. LOCATION (Str City or Town, S		ber or Rural	1 Route Number,	
(Crieck Only								a to the cause(a) and time, data and place			e(a) and manner as stated.	
296. SIGNATURE AND TITLE OF	Centravest	Gam	-			1	29c. LICENSE NU	IMBER	29d. O	ATE SIGNE	ED (Month, Day, Year)	
30. WAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUSE	OF DEATH (TEM 27) (Type,	,	7 (166	11.54		100	D D.	
31. DATE FILEO (Monthi, Day, Year	erou	31 DEWITRAR	's SIGNATUR	453		711	W	41., 7	Nee	7	Seltim	
IIIN 1 1 1003	Sul	lie Devidson	-Agnoral	6							21611	



29b. SIGNATURE AND TITLE OF CERTIFIER

James JUN 1 1 1993

Taylor

\$S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) St.

M.D.

Julie Deures

BE

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93 17152 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) JAMES "JIM" WRIGHT 2. DATE OF DEATH 3. TIME OF DEATH YEAR JUNE 9, 1993 JAMES WRIGHT 11:40 P. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS 1 🕅 📜 F 212-36-2156 VRS MAY 26, 1939 MARYLAND ug physician. ne bunal-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 TYPES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4806 BRIARCLIFT ROAD 21229 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, While, etc. FORCES? 1 YES 2 1 Never Merried 2 XXMerried ВУ 1 TES 2XXNO Specify 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) RECREATION DIRECTOR BALTIMORE CITY be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) RICHARD B. BALTIMORE BE CARRIE ANN MADEN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CONSTANCE WRIGHT (WIFE) 4806 BRIARCLIFT ROAD, BALTIMORE, MARYLAND 21229 20g, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State NEW CATHEDRAL CEMETERY 4 Donation 5 Other (Specify) 6/14/93 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL PERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOME uneuch 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximete shock, or heart fallure. Liet only ona cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Ventricular fibrillation 10 min. resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): Respiratory arrest 9 hours term 23 shows any injury, or other traumatic MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Tracheostomy tube dislodged 9 hours DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO XXYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 (Anpatient 2 (1) ER/Outpatient 3 (1) DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 6 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28d. OEŞCRIBE HOW INJURY OCCUREO 28b. TIME OF 28c. INJURY AT WORK? 28 is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide item 29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the couse(a) end menner ea stated.

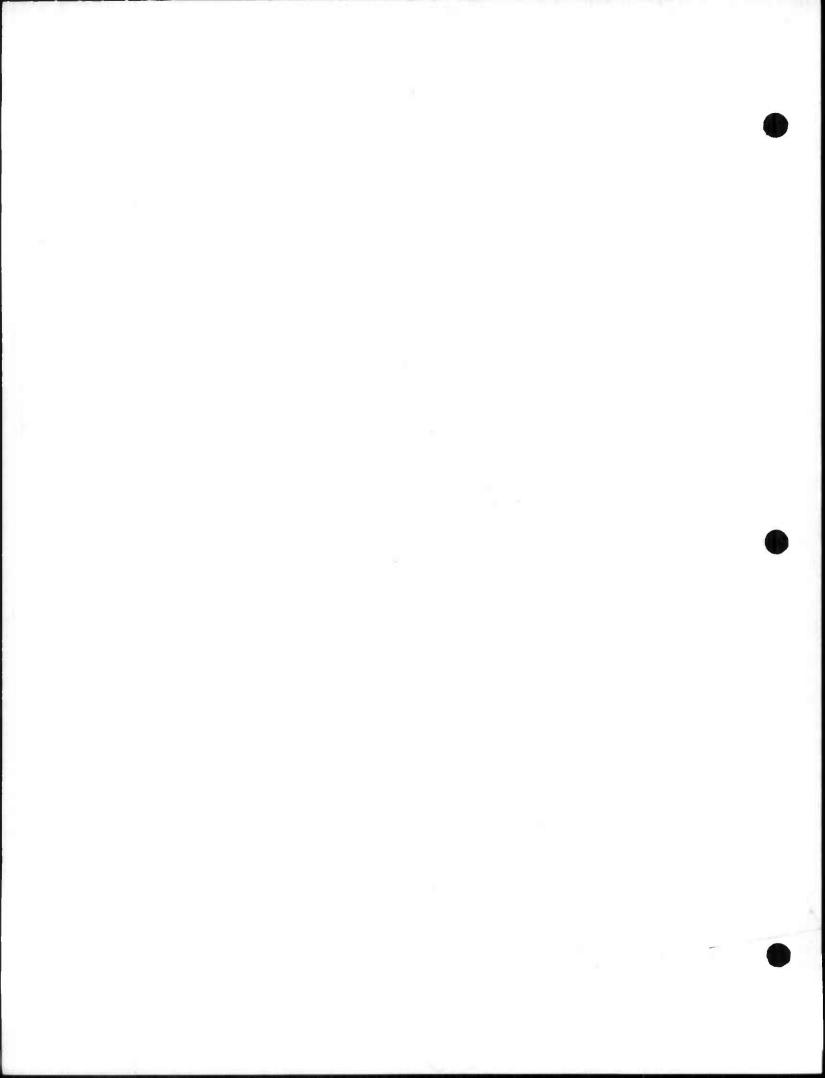
29c. LICENSE NUMBER

Agnes Hospital, 900 Caton Ave., Baltimore, MD

D11815

29d. DATE SIGNED (Month, Day, Year)

6/10/93



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DIVISION OF VITAL RECORDS, P.O. BOX 68

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	INERAL DIRECTOR After this carifficate has been stoned by the attending placings and completely filled in by the fundamental discovery
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 AULT, DOROTHY DOROTHY AUCT JUNE-7:00 A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year, 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 | M 2 | F DAYS 16 8951 73 09/21/1919 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH UNION MEMORIAL HOSPITAL DIRECTOR BALTIMORE Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City Baltimore YES 2 NO detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4428 Buchanan Avenue 21211 U.S.A. or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorped COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY stary/Secondary (0-12) College (1-4 or 5+) the hospital 9 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) 2 育 retained by John C. Herrmann BE Edna Mae Rav notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William Ault 4428 Buchanan Avenue, Balto. Md. 21211 pe 20a METHOD OF DISPOSITION

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4 Dunation | Control Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Checkly | Chec 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Park Cemetery6/15 Lorraine Woodlawn, Maryland examiner 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road, Baltimor Road, Baltimore cremation, or removal MD21 the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart feilure. List only one cause on eech line. interval Batween **IMMEDIATE CAUSE (Final Onset and Death** disease or condition SEPSIS DAYS reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events reguiting in death) LAST icate has been signed by the ane State Dept, of Health and Mental Item 23 shows any injury, it PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO TILL SFFICIONCY 1 | YES 2 | NO DESMINITURY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) the State I HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 - YES 2 10 TO THE FUNERAL DIRECTOR: Auter one be filed within 72 hours after death with the SimPORTANT: If Item 28 is marked, or i 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a, CERTIFIER 2 🗋 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Duc 12, 1993 2 TO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

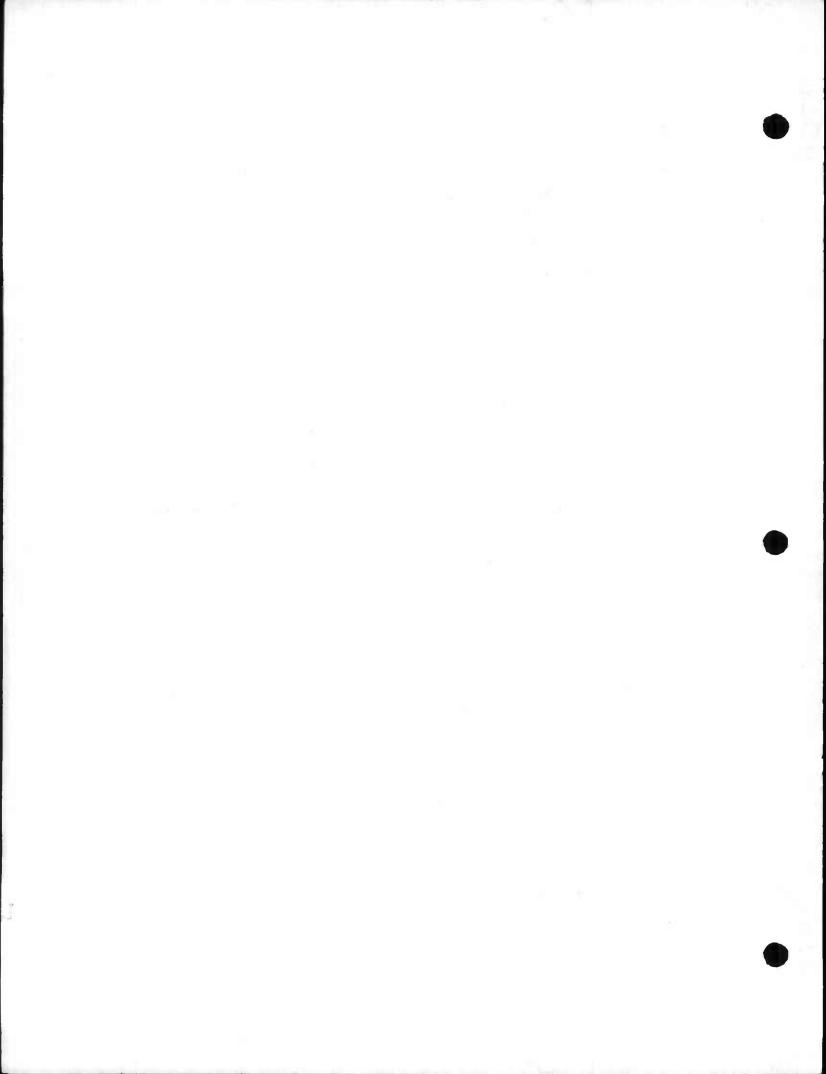
ASTOR

M.D

32. SEGISTRAR'S SUNATURE

SUTONO

CLICK MAKRING 145PM 24 E. CLIVERTY PARKWAY



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Dennis

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1993

MD

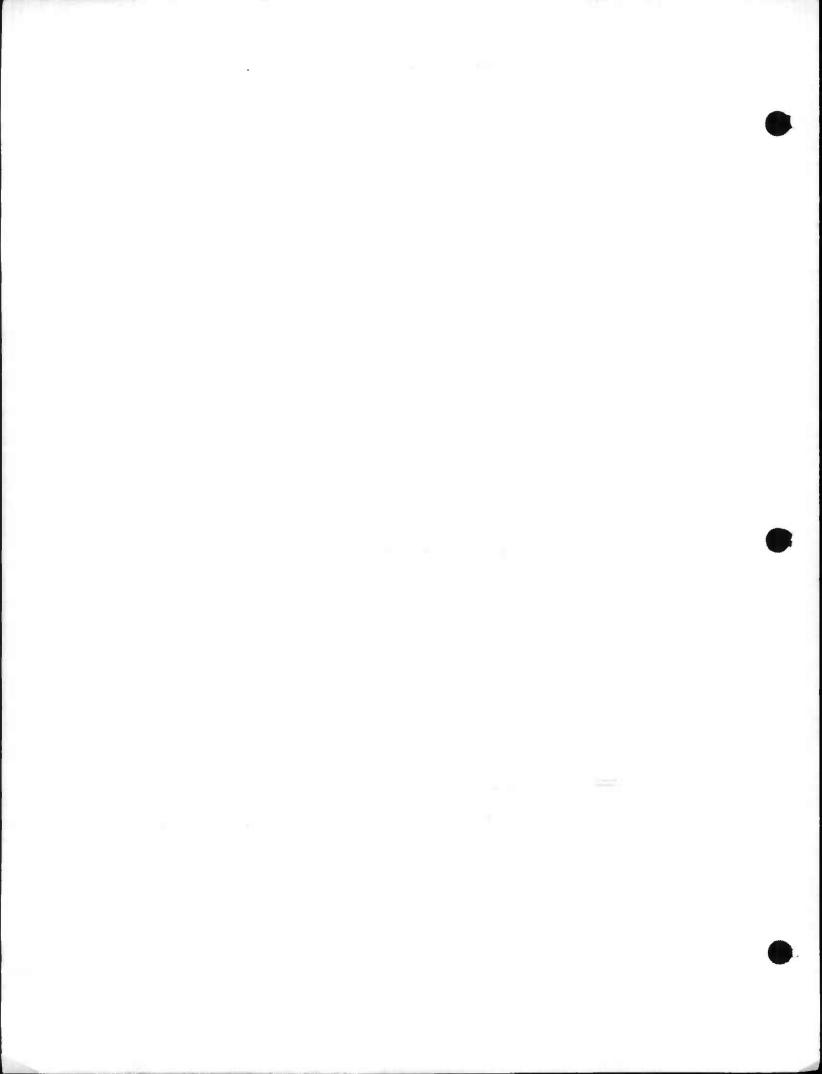
32, REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ITEMS:	23 PART I, 27	, 28a-t, PER	MEO G-	702 8/9/93	3 t.t			73		1156
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTA	L HYGIEN			٠	7 1 0 4
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3 TIME	OF DEATH
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				NDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		993		311 M
		□ M 2 🂢 F	YRS. MON	THS DAYS	HOURS MIN.	(Mont	-4-92		Countr		ete or Foreign
	9e. FACILITY NAME (If not Institution, give street	t and number)	9b.	CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATH	
DIRECTOR	University Hosp	<u>ital Cente</u>	er	Bal	timore						
JIREC	10e. STATE 10b. COUNTY		10c. CITY, TO		TION					10d. INSI LIMI	TS?
J .	10g. STREET AND NUMBER									3 2 NO	
FUNERAL	1332 Division Str	eet			21217			10g. CITIZ	S.A		NTRY?
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	J.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN	N7 (Specify Yes	s or No-	14. RACE	— Americ	en Indien,
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 MNO ES	If yes, sp	ecify Cuben, Mexic 2 NO Speci	an, Puerto	Rican, etc.)		Speci	i, White, el	lc.
Q	15. DECEDENT'S EDUCATI	ION	18e. DECEDENT'S USU	I OCCUPATI	ON	100	. KIND OF BU			LACK	
E J	(Specify only highest grade con	npleted)	(Give kind of work of life. Do NOT use reti-	one during me	ost of working	100	. KIND OF BU	SINESS/INDU	STRY		
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COMPLETED			CHILO								
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surneme)			
8	Shawn Allison				Jane M	orsel	11				
2	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	ind Number or Aural	Floute Numi	ber, City or Tow	n, State, Zip (Code)	-	
F	Jane Morsell		1332 Div	ision	Street/	Balti	imore,	Mary]	land	212	17
	30s. METHOD OF DISPOSITION 1 Surfal 2 □ Cremation 3 □ Removal		LACE AND DATE OF DIS		ame of	DAT	E 20c. LO	CATION - C	Ity or To	wn, State	
	4 ☐ Donation & ☐ Other (Specify)		ery, cremetory or other particles		cle		Pan	3-11 <i>a</i> t	-0170	Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	ing denot		ND ADDRESS OF FA	ACILITY	IKali	Jarisi	_OWI	/ I'ld	Lyland
	· ((ne sae	HR.		WM.C.	MARCH F.	H./11	lOl E.	NORTH	H AV	ENUE	
	23. PART I. Enter the disease, or com	plicetions thet caused t	ths death. Do not e	nter ths mo	de of dying, aud	ch as cerd	dec or respi	retory arre	at,	Apr	proximata
J	ahock, or haart fellure. List IMMEDIATE CAUSE (Final	only ons cause on sec	th line.								erval Between set and Desth
	disesse or condition	SEDSIS COMPLIA	CATTAIO CUTAI							Oili	et and Destin
	resulting in death) e	SEPSIS COMPLIC		JLCERS							
		DOE TO (OH AS A C	ONSECUENCE OF):								
CERTIFICATION	Sequentially list conditions, b										
Ē	if any, isading to immediats cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):							- 1	
0	CAUSE (Disease or Injury										
Ë I	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):							{	
EH	d.										
	PART II. Other significent conditions co	ontributing to death but	not requiting in the	rended dele		Deat I			T	1	
PHYSICIAN: MEDICAL		on a decimal part	not resulting in the	undanyin	g causs given in	Part I.	24a. WAS AN PERFOR	MED?	246.	AMILABLE	OPSY FINDINGS PRIOR TO
ă						— I	1 XYES 2	□ NO		OF DEATH	ON OF CAUSE
Ž										YES	2 NO
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إ∖	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PI	ACE OF DEATH (Ch	eck only on	ie)				
š	-37	OSPITAL: Inpatient 2X ER/Outpat		IER: Numina Hom	e 5 🗆 Residence	8 Other	r (Specific)				
<u> </u>	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	-T	URY AT			NJURY OCCL	JRED		
	1 Naturel	(Month, Day, Year) INJURY WORK?									
B	2 Accident Investigation 3 Suicide II // Could not be	0-9-93 A LE LES TAMES ON KNOWN						- D			
	4 Homicide Homicide	building, etc. (Specify)	actory, orne		City	ATION (Street a or Town, State)	1157 N	. MOL	INT ST	REET
		RESIDENCE					MORE, M				
ᆲᅦ	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowled	lge, death occurred at t	he time, date	end piece, end due	to the ceu	se(e) end mer	ner ee stated	d.		
COMPLETED		on the basis of examination a								end menr	ner ee stated.
	29b. SIGNATURE AND TIFLE OF CERTIFIER				29c. LICENSE NUI						
W	1	1 11	+					29d. DATE			
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Penn Street, Baltimore, Maryland



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ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Second in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND REGISTRAR		RTMENT OF		MENTAL HYGIEN	_	11100
	1. DECEDENT'S NAME (First, Middle, Last) ROSE MARCE E- AR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In VIS.	DUE	N		2. DATE OF DEATH MONTH	ž ž	3. TIME OF DEATH
	219-18-0836 10M2 DEF 68	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month), Day, Year)		BIRTNPLACE (State or Foreign Country) (Jaryland
~	9a. FACILITY NAME (If not Institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATN		Y OF DEATN
DIRECTOR	RESIDENCE OF DECEDENT	ral	Ba	llimo	re Mayled	Balt	imore City
JIRE	10a. STATE C 10b. COUNTY	10c. CIT	Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Baltimore City 10e. STREET AND NUMBER	1		nore Cit	У	10g. CITIZEI	1 VES 2 NO
FUNERAL	451 W. 24th Street			212			U.S.A.
ВУ	11. MARITAL STATUS Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, a	CENDENT OF NISPAN specify Cuban, Maxica is 2 NO Specify		or No— 14	RACE — American Indian, Black, White, atc. Specify; White
TEC	(Specify only highest grade completed)	DECEDENT'S (Give kind of vite. Do NOT us	USUAL OCCUPAT	TON nost of working	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	College (1-4 or 5+)	rson			U.S. C	Custo	ms
	17. FATNER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Nicholas Arduin	19b. MAILING	ADDRESS (Street		TY Elmo Route Number, City or Town	State 7in Co	of 1 0 1 1
5	James Arduin				Street, E		21211
	1 M Burial 2 L Cremellon 3 L Removal from State cemetery, c	remetory or o	OF DISPOSITION (/	Name of	DATE 20c. LO	CATION - City	y or Town, Slate
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	w Ca	thedra 22. NAME	1 Cemete		timo	re, Maryland
	· Aynm B. Henss				ss Funera Road, Ba		
	23. PART i. Enter the diseases, or complications that ceused the case, or heart failure. List only one cause on each iii	deeth. Do r	not enter the m	ode of dying, suci	h ae cerdiec or respi	ratory arrest	t, Approximate interval Between
	IMMEDIATE CAUSE (Final disease pr condition resulting in death) DUE TO (OR AS A COMS)	M.	emon	nes a	met.		Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	EOUENCE OF	O) PL	e ling	WiThm	etast	asi,
MEDICAL	PART II. Other significent conditions contributing to deeth but not	resulting i	in the underlyl	ng ceuse given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS ANARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	3 DOA	OTHER:	PLACE OF DEATN (Che			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN	URY OCCUR	ED
G	3 Suicide 8 Could not be 4 Homicide 28a. PLACE OF INJURY — At 1 building, etc. (Specify)	nome, farm, i	street, factory, offi	ca	281. LOCATION (Street a City or Town, State)	nd Number or i	Rural Route Number,
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or						ause(a) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	0.		29c. LICENSE NUM	IBER	29d. DATE SI	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	em 27) (Type,	Print) ha	0.14 50	50/lachRa	ver	Strd 21239

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 BALTIMORE MARYLAND 21215-0020 BALTIMORE MARYLAND 21215-0020 BALTIMORE MARYLAND 21215-0020 BALTIMORE MARYLAND 21215-0020 BALTIMORE MARYLAND 21215-0020 BALTIMORE MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, La	ist)	OLI	THIOAI	E OF DEATH		REG. NO.		3. TIME OF DEATH
	Leon	ore C. Arb	nle.			M	ine 10,	1993 YE	AR
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi	irthday) IF UNDE	R 1 YEAR F UNDER 24	rs. 7. D	ATE OF BIRTH	8. 6	6:12 AN
	193-24-5015	1 🗌 M 2 🗍 F	86	YRS. MONTHS	DAYS HOURS N	W	<i>Month, Day, Year)</i> V . 10 , 190		Country)
	9e. FACILITY NAME (If not institution, gi	ive street end number)		9b. CIT	Y, TOWN OR LOCATION		V.10,130	9c. COUNTY	Penna. OF OEATH
CTOR	Manor Care Rux	ton		ТС	wson			Balti	maxa
5	RESIDENCE OF DECEDENT							Darti	MOTE
DIRE	Md.	Baltimore	1	10c. CITY, TOWN TOWS					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1002					1 🗆 YES 2 🛅
ERAL	403 W. Chesapea	ake Avenue			101. ZIP CODE 21204			USA	OF WHAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT E	VED IN ITS ADMS	0 40					
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13.	WAS DECENDENT OF H If yes, specify Cuben, N	lexicen, Pue	rto Rican, etc.)		RACE — American India Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OH DATES X		1 Tes 2 No	Specify:			specify: hite
ED	15. DECEDENT'S E (Specify only highest gr	EDUCATION	16a. DECEI	DENT'S USUAL O	CCUPATION		16b. KIND OF BUS		
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)	during most of working				
MPL		4	Hom	emaker					
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (FI	rst, Middle, Malden	Sumame)	
BE	Meade B. Cowner				Kathr	vn T.	Frank		
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. N	IAILING ADORES	S (Street and Number of i			n, State, Zip Code	(e)
-	Suzanne A. Masor	1	403	W. Che	sapeake Av	renue	Towson,	Md. 2	1204
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 🎇 Cremation 3 ☐ R	lemoval from State	20b.PLACE AND	DATE OF DISPO	SITION (Name of			CATION - City	
	4 Donation 5 Other (Specify)			p Servi	ce Corp. 6	/11/9	3 Tow	son, Mo	d
	21. SIGNATURE OF FUNERAL SERVICE	/ /		22	NAME AND ADDRESS	16650	York Rd	. Tows	on, Md. 21
- 3	James t.	Gladden	/		ck Towson				
	23. PART I. Enter the diseases,	or complicatione that co	oused the deeth	. Do not ente	r the mode of dying,	such as o	cardiec or reapi	ratory arrest,	Approxima
	shock, or heart fellu	re. List only one ceuse	on each line.		,			-12	Interval Be
	disease or condition resulting in death)	Acu	Ne	5000	be.				
	- Samming in would,	DUE TO (DF	AS A CONSEQUE						
N	Sequentielly list conditions,	b							
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O	CAUSE (Disease or Injury	C. DUE TO COR	A8 A 00110F5	NOT OF					
Ē		DUE 10 (OR	AS A CONSEQUE	INCE OF):					
TIF	that initiated events resulting in death) LAST								
CERTIFICATIO	resulting in death) LAST	_ d							
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A	resulting in death) LAST	d.	ath but not ree	ulting in the u	nderlying ceuse give	n in Part i	PERFOR	MED?	AMAILABLE PRIOR T
EDICAL	resulting in death) LAST	d.	ath but not ree	ulting in the u	nderlying cause give	n in Part i	24a. WAS AN PERFOR 1 YES 2	MED?	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
: MEDICAL	resulting in death) LAST	d d llons contributing to de	ath but not reed	ulting in the u	nderlying cause give	n in Part i	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
AN: MEDICAL	PART II. Other algoriticent conditions to the condition of the conditions of the con		ath but not reed		26. PLACE DF DEAT		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
SICIAN: MEDICAL	PART ii. Other algnificent condit			QTHE	26. PLACE DF DEAT	H (Check only	PERFOR 1 VES 2	MED?	AM/LABLE PRIOR TO COMPLETION OF CA OF DEATH?
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WEN-SHYANG WU, M.D., VA MEDICAL CENTER, FORT HOWARD, MARYLAND 21052

31. DATE FILED (Moritin, Day, Year)

JUN 1 1 1993

32. DEGISTRAR'S SIGNATURE

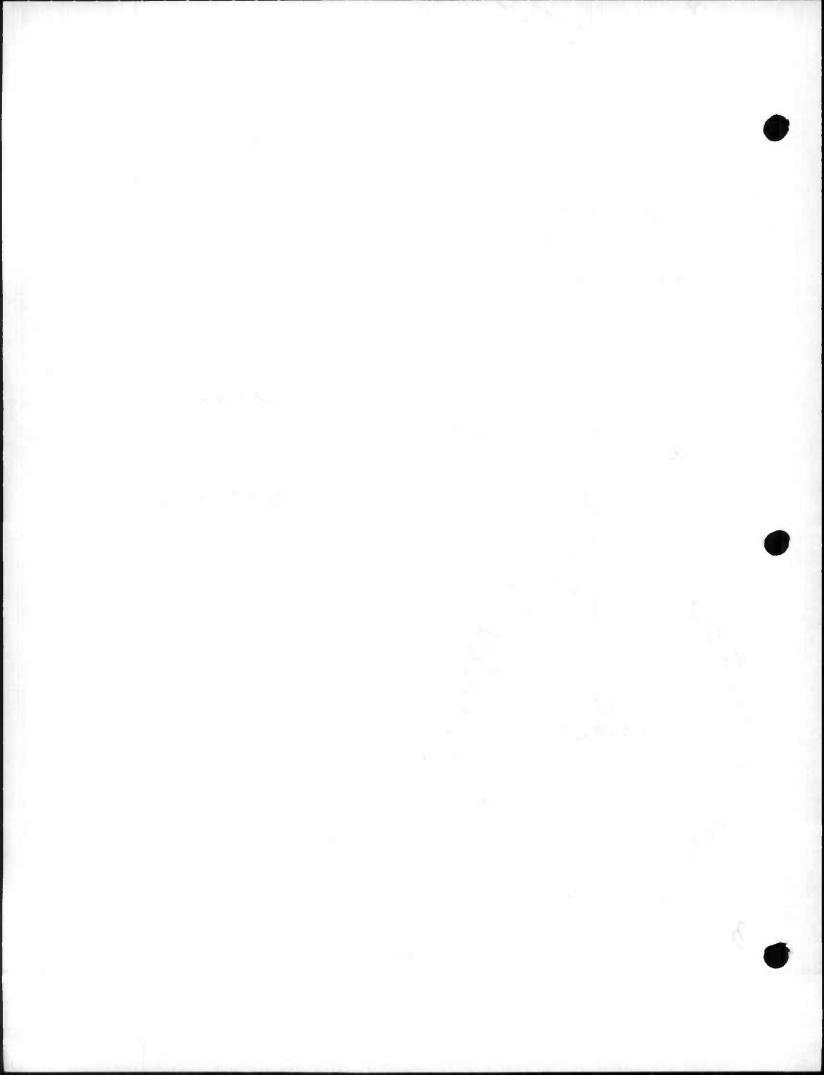
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TWO PLIE INCOMESTS ON STREETINGS THE FOLLOWING THE STREET AND STREET AND STREETINGS OF THE STREETINGS
IN THE MUSTIAL OF ALTENDING PRISIDIANT THE LAW REQUIRES DIRL THE LAW REQUIRED BE EXCURED WITHIN 24 HOURS AFIRE DEATH. FAGE 5 MAY BE FORTHER BY THE HOSPITAL OF ATTENDING PRYSICIAN.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-	REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Last)			CERTIF	ICAT	E OF	DEAL	н		OF DEATH).	YEAR	3. TIM	E OF DEATH
	JAMES ALDERTON							C.		JUNE	2.1	993	YEAR	3:	46 p.m.
	4. SOCIAL SECURITY NUMBER 215-30-4101		SEX		s. lest birthday) YRS.	MONTHS	DAYS	IF UNDER HOURS	24 HRS. MIN.	(Month	OF BIRTH	,,,	Count	ntry)	(Stete or Foreign
	9a. FACILITY NAME (If not institution,	- 4	Λ	58		9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		1.10,1	934 9c. cou			RG, VA
FOR	VA MEDICAL CENT					FORT	T HOW	ARD				BALT	IMOI	RE	
DIRECTOR	10a. STATE 10b. C				10c. CIT	Y, TOWN	OR LOCATI	ION						10d. iN	ISIOE CITY
D		LTIM	ORE		BAI	TIMO	ORE								MITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER							ZIP CODE	E			10g. CITI	ZEN OF	WHAT CO	OUNTRY?
NE	421 EAST BALTII		STREET MAS DECEDEN	T EVED IN II S	ADMED	1 49		202	E LUCDAS	10 ODION	? (Specify Ye	USA			
BY FI	Never Married 2 Merried		FORCES? 1	YES 2	□ NO		If yes, spe	city Cuba	n, Mexica	n, Puerto I	ican, etc.)	s or No-	Blac	ck, White, city:	erican Indian, , etc.
	3 Widowed 4 Divorced		9/51 to			1							Op.		ITE
	15. DECEDENT'S (Specify only highest	grade con	npleted)		(Give kind of life. Do NOT u	work done	during mos		g	16b.	KIND OF BU	ISINESS/INC	USTRY		
7	Elementary/Secondary (0-12)	9	College (1-4 or 5+	•)		.,									
COMPLETED	17. FATHER'S NAME (First, Middle, Las	36)						18. MOTH	IER'S NA	ME (First, I	Aiddle, Maider	Sumame)			
ZH C	ALDERTON								-	IN	K.				
-				1 1						O	or City or Tou				
2	19e. INFORMANT'S NAME (Type/Print)	10	anes W	Labyton	196. MAILING					House Nume	ros, only or lov	vn, Stere, Zip	Code)		
5	CLINICAL RECO	10	(SON	Stein	FORT F	IOWAR	RD, M	D 21		_					
2	CLINICAL RECOI	RDS		cemetery	FORT H	OF DISPOS	RD, M	D 21	052	DAT	E 20c. LC	OCATION —		Town, Stat	le
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MEDICAL CERTIFICATION	CLINICAL RECOI 20s METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Donation 8 Dotter (Specify) 21. SIGNATURE OF THERMAL SERVICE 23. PART I. Enter the diseases shock, or heart fel iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	RDS Removal Removal Removal Removal Removal Removal Removal RDS Removal Remova	ANCER DUE TO DUE TO	cemeter, CRC CRC t caused the se on each OF TH (OR AS A COM (OR AS A COM (OR AS A COM (OR AS A COM	FORT FACE AND DATE OF COMMISSION O	OF DISPOSE OF DISPOSE	RD, M SITION (Nar E CE). NAME AN	D 21 me of METHO ADDRES de of dyl	O52 ERY ss of FAM	DATI	20c. LC 9	DICATION —	City or To	A. MERIE A. AMAILAI. COMPL. OF DEA	Approximate interval Between Onset and Death 1 YEAR 1 YEAR 1 YEAR INTERPRETATION OF CAUSE WITH?
MEDICAL CERTIFICATION	CLINICAL RECOI 20a METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Donation 8 Dother (Specify) 21. SIGNATURE OF TYMERAL SERVICE 23. PART I. Enter the diseases shock, or heart fel iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	RDS Remove Re	CANCER DUE TO DUE TO	cemeter, CR(FORT FACE AND DATE OF COMMISSION OF COMMISSI	OF DISPOSITION OF DIS	RD, M. SITION (Nar.) E CE: NAME AN. r the moo	D 21 me of METHO ADDRES da of dyl	ERY ss of FAM ng, such	DATI	24a. WAS AN PERFO	DICATION —	City or To	A. MERIE A. AMAILAI. COMPL. OF DEA	Approximate interval Between Onset and Death 1 YEAR 1 YEAR 1 YEAR INTERPRETATION OF CAUSE WITH?
MEDICAL CERTIFICATION	CLINICAL RECOI 20a METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Dither (Specify) 21. SIGNATURE OF TYNERAL SERVING 23. PART I. Enter the diseases shock, or heart fel immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	RDS Remove Re	Trom State ALL Applications that tonly one ceu CANCER DUE TO DUE TO DUE TO CONTRIBUTING to	cemeter, CR (CR (CR (CR (CR (CR (CR (CR (CR (CR	FORT HATCH AND DATE OF COMMISSION OF COMMISS	OF DISPOSITION OF DIS	RD, M SITION (Nar) E CE . NAME AN . r the mod	D 21 me of METF O ADDRES Cause g ACE OF DE	ERY SS OF FAMILY IN THE PROPERTY OF THE PROPER	Part I.	24a. WAS APPERFO	NAUTOPSY RMED?	City or To	A. MERIE A. AMAILAI. COMPL. OF DEA	Approximate interval Between Onset and Death 1 YEAR 1 YEAR 1 YEAR INTERPRETATION OF CAUSE WITH?
PHYSICIAN: MEDICAL CERTIFICATION	CLINICAL RECOI 20a METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Donation 8 Dother (Specify) 21. SIGNATURE OF TARRAL SERVICE 23. PART I. Enter the diseases shock, or haert fel immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	RDS Removal CANCER DUE TO DUE TO	cemeter, CR(CR(CR(CR(CR(CR(CR(CR(FORT HATCH AND DATE OF THE PROPERTY OF THE PRO	OF DISPOSITION OF DIS	RD, M. SITION (Nar.) E. C.E.: NAME AN. The moore of the m	D 21 me of METF O ADDRES Gause g ACE OF DI ST RE	ERY ss of FA ng, such	Part I.	24a. WAS APPERFO	NAUTOPSY RMED?	City or To	A. MERIE A. AMAILAI. COMPL. OF DEA	Approximate interval Between Onset and Death 1 YEAR 1 YEAR 1 YEAR INTERPRETATION OF CAUSE WITH?	
ERTIFICATION	CLINICAL RECOI 20a METHOD OF DISPOSITION 1 Burlat 2	RDS Removal CANCER DUE TO DU	cemeter, CR(CR(CR(CR(CR(CR(CR(CR(CR(CR(FORT HATCH AND DATE OF COMMISSION OF COMMISS	OF DISPOSITION OF DIS	RD, M SITION (Nar) E CE . NAME AN r the moo	D 21 me of METF O ADDRES Gause g ACE OF DI S Re- S Re	ERY ss of FA ng, such	Part I.	24a. WAS APPERFO	A AUTOPSY RMED? 2 À NO	City or To	A III CO	Approximate interval Between Oneet and Death 1 YEAR 1 YEAR 1 YEAR AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH?	

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



ours after death. Page 6 may b	med in by the funeral director, pag on, or removal.
HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL, OHE TOR A THE this certificate has been signed by the attending physician and completely wind in by the funeral director, pag within 72 hours and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DSPITAL OF	INERAL OIF
至	E X

	1. DECEDENT'S NAME (First, Middle, Last)			ICATE OI	DEATH	REG. NO.		3. TIME OF DEA
	MARIE E	DODE			N. P.	MONTH DA		EAR N. 36
-	4. SOCIAL SECURITY NUMBER	IVIA	rie Eliza	abeth Bo		7. DATE OF BIRTH	1	BIRTHPLACE (State or F
	218-18-3040	1 M 2 MF	CO YRS.	MONTHS DAYS		(Month, Day, Year)	10	Country)
4	9a. FACILITY NAME (If not institution, give	street and numble)	300	9h CITY TOWN	OR LOCATION OF D	10/0//	9c. COUNTY	OF DEATH
œ .	57 JOSEDIS	Lless	ThI		150N,	mit	1	20 Jan /
8	RESIDENCE OF DECEDENT	10-0/1/	TAL	roa	130N)	1110	10	TACIO
DIRECTOR	10e. STATE 10b. COUNT	TY	10c. CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CIT LIMITS?
100	Maryland	Balto.		Towso				1 TES 2 X
FUNERAL	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
핃	2300 Dulaney				21204			U.S.A.
5	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s	specify Cuban, Mexico	NIC ORIGIN? (Specify Yee on, Puarto Ricen, atc.)	or No- 14	RACE — American Ind Black, White, etc.
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗆 YE	S 2 NO Specif	y:		Specify:
	15. DECEDENT'S ED		16e. DECEDENT'S	S USUAL OCCUPAT	TION	16b. KIND OF BUS	I SINESS/INDUS	White
	(Specify only highest grad Elementary/Secondery (0-12)	(completed) Coflege (1-4 or 5+)		work done during n				
립	8		ш	omemaker		0.00	Home	
COMPL	17. FATHER'S NAME (First, Middle, Last)		-			ME (First, Middle, Maiden		
S I	John A.	Rođe			Co	rtrude C. I	Fick	
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street		Route Number, City or Town		ode)
유	Marie E. Griffi	th	1329	Deep Ru	in La. R	eston , Va.	. 220	90
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Rer	20	Ob. PLACE OF DISPO	OSITION (Name of o	semetery, crematory or	20c. LO	CATION — City	y or Town, State
	4 Donetion 5 Other (Specify)			y Redeem	ner Cem.	6/14/93 E	Balto.	Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSET	1/	22. NAME	AND ADDRESS OF FA	1050 York	Rd.	21204
	Demale ("	of bales	L.	Puck	Tourson	Funeral Hon		
	23. PART I. Enter the diseasea, or	complicatings that cause	ed the death. Do					
	ahock, or heart failure	. List Dnly one cause on	each fine.				,	Interval E
	iMMEDIATE CAUSE (Final disease or condition	^						
		110	1.1	10010			. / .	Onset an
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE C	Cerebr	ovancu	lar ac	cerda	
7		DUE TO (OR AS	A CONSEQUENCE C	Corebr	ovancu	lar ac	ceida	
NOI	resulting in death) Sequentially list conditions,	b	A CONSEQUENCE O	OF):	ovan cu	lar ac	cerda	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b		OF):	ovan cu	lar a	cerdo	
IFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	bDUE TO (OR AS		DF):	svan cu	lar ac	cerda	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS	A CONSEQUENCE C	DF):	svan cu	lar ac	cerda	
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS d.	A CONSEQUENCE O	OF): OF):				Onset an
	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	b. DUE TO (OR AS d.	A CONSEQUENCE O	OF): OF):		Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Onset an Onset an 24b. WERE AUTOPSY AMAILABLE PRIOF
	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS d.	A CONSEQUENCE O	OF): OF):		Part I. 24a. WAS AN	AUTOPSY IMED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS d.	A CONSEQUENCE O	OF): OF):		Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Onset an Onset an Onset an AMALABLE PRIOR COMPLETION OF
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS d.	A CONSEQUENCE O	OF): OF): In the underlyl	ing cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are successful to the conditions of the condition	b. DUE TO (OR AS c. DUE TO (OR AS d. Due to death	A CONSEQUENCE O	OF): OF): In the underlying the second secon	ing cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY IMED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL:	A CONSEQUENCE C	OF): OF): In the underlying the second sec	ing cause given in	Part I. 24a. WAS AN PERFOR 1 TYPES 2	AUTOPSY BMED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 15 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE Of A CONSEQUENCE Of but not resulting	OF): OF): OF): OF): OTHER: 4 Nursing Ht ME OF 28c. MUNRY 28c.	Ing cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY BMED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE Of A CONSEQUENCE Of but not resulting	OF): OF): OF): OF): OTHER: 4 Nursing Hot ME OF UURY M 1	PLACE OF OEATH (C) Ome 5 Residence NJURY AT YORK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 TYES 2 heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II	AUTOPSY IMED? I NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF A CONS	OF): OF): OF): OF): OTHER: 4 Nursing Hot ME OF UURY M 1	PLACE OF OEATH (C) Ome 5 Residence NJURY AT YORK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 TYPES 2	AUTOPSY BMED? I NO NJURY OCCUP	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation S Usicide Homicide 29. CERTIFIED	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE C A CONSEQUENCE C but not resulting stpatient 3 DOA (28b.Till IN RY — At home, farm,	OF): OF): OF): OF): OTHER: 4 Nursing H: ME OF JURY M 1 , street, factory, of	PLACE OF OEATH (C) PURPLE OEATH (C	Part I. 24a. WAS AN PERFOR 1 TYPES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	AUTOPSY MED? I NO NJURY OCCUP	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 RED
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 290. CERTIFIER (Check only 1) CERTIFYING PHY:	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE C A CONSEQUENCE C but not resulting stpatient 3 DOA (28b. Till IN RY — At home, farm, secify)	OF): OF): OF): OF): OTHER: 4 Nursing Ht ME OF JURY M 1	PLACE OF OEATH (C) PLACE	Part I. 24a. WAS AN PERFOR 1	AUTOPSY MED? I NO NJURY OCCUP and Number or	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 RED
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 290. CERTIFIER (Check only 1) CERTIFYING PHY:	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE C A CONSEQUENCE C but not resulting stpatient 3 DOA (28b. Till IN RY — At home, farm, secify)	OF): OF): OF): OF): OTHER: 4 Nursing Ht ME OF JURY M 1	PLACE OF OEATH (C) PLACE	Part I. 24a. WAS AN PERFOR 1	AUTOPSY MED? I NO NJURY OCCUP and Number or	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 RED
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 290. CERTIFIER (Check only 1) CERTIFYING PHY:	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: Inpatient 2 = ER/Ou 28e. DATE OF INJURY (Month, Day, Year) building, etc. (Sp	A CONSEQUENCE C A CONSEQUENCE C but not resulting stpatient 3 DOA (28b. Till IN RY — At home, farm, secify)	OF): OF): OF): OF): OTHER: 4 Nursing Ht ME OF JURY M 1	PLACE OF OEATH (C) PLACE	Part I. 24a. WAS AN PERFOR 1 YES 2 heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street City or Town, State) to the cause(e) end man of time, data end place, and	AUTOPSY IMED? I NO NJURY OCCUP and Number or nner sa stated. Indicate to the common stated.	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 RED

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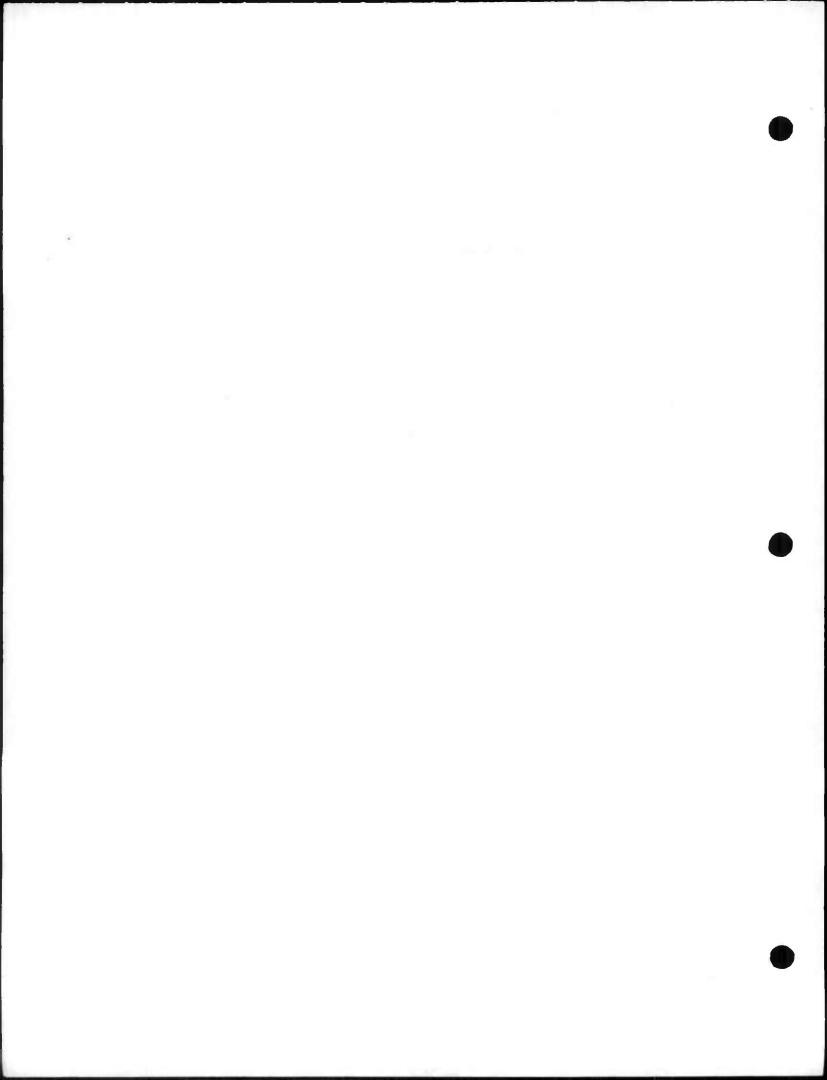
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

In ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should the nor 2 hours after death with the State Dept. of Health and Mental Hydren prior to burlal, cremation, or removal. NOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		1710.
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
	HERBERT	LEON	ВО	OZE	JR.	0 6	09	1993	8:22 PM
	4. SOCIAL SECURITY NUMBER 220–16–3266	5. SEX 6. AGE (In	_	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH (-)-00y (-)-25	8. Bill Co	RTHPLACE (State or Foreign unitry) MD
	9a. FACILITY NAME (If not institution, give s	itreet and number)		96. CITY, TOWN	OR LOCATION OF E	DEATH		9c. COUNTY O	F DEATH
DIRECTOR	2803 KIRK AVEN	IUE		BAI	LTIMORE				
DIRE	10a. STATE 10b. COUNTY	(timore					10d. INSIDE CITY LIMITS? 1XXYES 2 NO
AL	10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
IER	2803 Kirk Avenue	•			21218			U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO TES	If yes, s	CENDENT OF HISPA pectify Cuben, Mexic S 2 NO Speci	an, Puerlo Ri		B	ACE — American Indian, lack, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b.	KIND OF BUSI	NESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during n retired.)	nost of working				
MPI	12th					Ar	rundel	Corpor	ation
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Mi	iddle, Malden S	iumame)	
BE	Herbert Booze, S	ir.			Irene				
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
	Tammy Booze					et/Ba]			land 21218
	20p. METHOD OF DISPOSITION 1A Burlel 2 Cremetton 3 Remote 4 Donation 5 Other (Specify)	oval from State 20b. F	PLACE AND DATE OF tery, cremetory or othe ACCISON F	DISPOSITION (A	lame of	OATE	1	ATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LIC		errison F	-	NO ADDRESS OF F	-	OWI	ngs Mil	ls, Maryland
	Francis	1 Aus	4		.MARCH F		LO1 E.	NORTH	AVE.
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on and	the death. Do no	t enter the m	ode of dying, suc	ch es cardi	ec or respire	etory srrest,	Approximate
	IMMEDIATE CAUSE (Fine)	Arterioso		c Card	liovascı	ılar	Disea	ase	interval Between Onset and Death
ATION	Sequentieily list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
AL C	PART ii. Other significant condition	s contributing to deeth but	t not resulting in	the underlying	ng cause given in	Part I.	24e. WAS AN A	UTOPSY 2	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA							PERFORM 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 5	LACE OF DEATH (CI				
Sic	EXAMINER? 1 TYPES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output		THER:					
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME		ne 5 Residence	_		JURY OCCURED	
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJUE		ORK? YES 2 NO			Join Goodines	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, ferm, stre	et, fectory, offi	0	28f. LOCAT	TON (Street and Town, State)	d Number or Run	Il Route Number,
	29a. CERTIFIER	~~~		200 mm					
COMPLETED	2XXMEDICAL EXAMINE	CIAN: To the best of my knowled R: On the beals of examination of							e(s) and manner as stated.
BE	296. STANATURE AND TITLE OF CERTIFIES	0 41 8	\		29c. LICENSE NU	MBER		29d. DATE SIGN	ED (Month, Day, Year)
2	to work and sooned or	one MM			0.C.	M.E.		06/	10/1993
	I A PON I OCKE M I 31. DATE FILED (Month, Day, Year)		1 Penn	stree	t, Balt	imor	e, Ma	rylan	1 21201
4	JUN 1 4 1993	Jie Karis Signat	OHE						



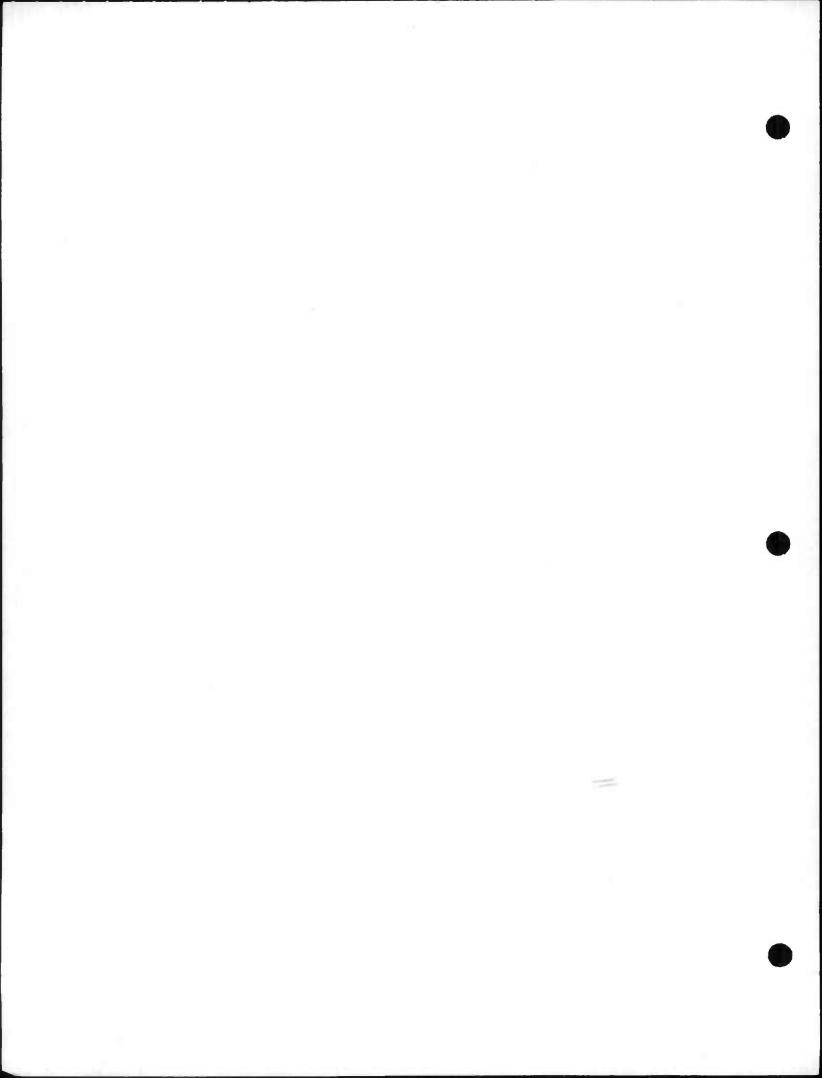
ITEMS: 23 PART I, 27, 28a-f, PER MEO G

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	1. DECEDENT'S NAME (First, Middle, Las	i Pa	11	,		2. DATE OF DEAT	H	3. TIME OF DEATH
	MICHARD	L. Be	NTley	1		06	0.6	93 5:05 P
	4. SOCIAL SECURITY NUMBER 220-64-5935	al	yrs. last birthday	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	ir)	8. BIRTHPLACE (State or Forei Country)
	9a. FACILITY NAME (If not institution, give	37	THS.	OL OUTY TOWN	001001501101	4-4-		Maryland
<u>د</u>	ORDANCE		96. CHY, IOWN	OR LOCATION OF D	EATH		TY OF DEATH ARUNDEL	
15	RESIDENCE OF DECEDENT						231111	AKONDEL
DIRECTOR	Md. Ba	w ltimore	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	10o. STREET AND NUMBER	rrimore			of, ZIP CODE			1 TYES 2 N
FUNERAL	7017 Dunbar	Bd		100				EN OF WHAT COUNTRY?
N S	11. MARITAL STATUS	12 WAS DECEDENT EVED IN	U.S. ARMED	13. WAS DE	21222 CENDENT OF HISPA	NIC ORIGIN? (Specif		5 . A . 14. RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	II yes, s	pecify Cuban, Maxica S 2 NO Specif	in, Puerto Rican, etc)	Black, White, atc. Specify:
ВУ	3 Widowed 4 Divorced			1	7	,		White
	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDI	JSTRY
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPLETED	8th 17. FATHER'S NAME (First, Middle, Last)		Paint	er	40 MOTHERIA		tracto	ors
á	Preston Bent	lev				ME (First, Middle, Me		
	19a. INFORMANT'S NAME (Type/Print)	LUy	19b, MAILING	ADDRESS (Street	end Number or Rural	Enyart		Codel
임	Mary White				r Rd. B			
	20g. METHOD OF DISPOSITION		PLACE AND DATE O	OF DISPOSITION /N				Sty or Town, State
	1 Description 5 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata cemel	tery, cremetory or et			1	Baltin	
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE A A			ND ADDRESS OF FA		DOLLTI	101 6
	lolt (nnoller	6	Conn	elly Fu	neral H	ome of	Oundalk
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO (OR AS A C						
ון או ו	remuting in death) CAST	d						!
A	PART II. Other significent condition	ns contributing to death but	t not resulting is	n the underlyin	g cause given in	PEF	AN AUTOPSY FORMED?	AVAILABLE PRIOR TO
MEDICAL	PART II. Other significent condition	ons contributing to death but	t not resulting i	n the underlyin	g cause given in	PEF		AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ns contributing to death but	t not resulting i	28. Pi	g cause given in	1/XXE	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpet	lent 3 □ DOA	28. Pi OTHER: 4 □ Nursing Hon	LACE OF OEATH (Ch	eck only one) X Other (Specify)	ROAD	AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? YES 2 NO
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ***XXVES 2 NO 27. MANNER OF DEATH	HOSPITAL:		28. POTHER: 4 - Nursing Hon E OF 28c. IN. WC	LACE OF OEATH (Ch	eck only one) 28d. OESCRIBE HO	ROAD	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 - NO
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X X YES 2 NO 27. MANNER OF DEATH 1 Natural Investigation 2 Accident	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) FOLIND: 6-6-93	Falls Time 5:01	28. POTHER: 4 Nursing Hone E OF 28c. IN. URY WY 1	LACE OF OEATH (Ch no 5 Residence JURY AT JURY 2 XX NO	eck only one) A Other (Specify) 28d. OESCRIBE HOUNKNOWN	ROAD	COMPLETION OF CAU OF DEATH? YES 2 NO
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXVES 2 NO 27. MANNER OF DEATH 1 Natural	HOSPITAL: 1 Inpatient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) FOLIND: 6-6-93 28a. PLACE OF INJURY - building, stc. (Specify	Pobliffied 5:01 Al home, farm, a	28. POTHER: 4 Nursing Hone E OF 28c. IN. URY WY 1	LACE OF OEATH (Ch no 5 Residence JURY AT JURY 2 XX NO	eck only one) AND Other (Specify) 28d. OESCRIBE HOUNKNOWN 28f. LOCATION (Specify)	ROAD	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO WAY UREO
MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER? X	HOSPITAL: 1 Inpatient 2 ER/Outpet 28s. DATE OF INJURY (Month, Day, Year) FOUND: 6-6-93 28s. PLACE OF INJURY - building, stc. (Specify	FOUNT SIMON STANDARD	28. Pi OTHER: 4 □ Nursing Hon E OF 28c. IN. URY M 1 □ Intrest, factory, office	LACE OF OEATH (Ch ne 5 Rasidence JURY AT JURY 2 NO	eck only one) &X Other (Specify) 28d. OESCRIBE HO UNKNOWN 28f. LOCATION (St. City or Yours, S ARIINDE)	ROAD OW INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? YES 2 NO WAY UREO **RUTAL ROUTE Number*, NCE ROAD, ANNE
MEDICAL	25. WAS CASE REFERREO TO MEOICAL EXAMMER? X	HOSPITAL: 1 Inpatient 2 ER/Outpat 28a. DATE OF INJURY (Month, Day, Vear) FOUND: 6-6-93 28e. PLACE OF INJURY - building, stc. (Specify FOUND IN (Fall y Firms 5:01 All home, farm, a	28. P. OTHER: 4 Nursing Hon E OF 28c. IN. URY 1 I Intreet, factory, office	LACE OF OEATH (Ch. ne 5 Rasidence JURY AT JRK7 YES 2 X\NO	eck only one) &X Other (Specify) 28d. DESCRIBE HO UNKNOWN 28f. LOCATION (St. City or Yourn, S ARINDEL CO	ROAD OW INJURY OCCI rest and Number of Islate) ORD I NA UNITY MD manner as state	WAY WAY WREO WAY WREO WANTEROUSE Number, NCE ROAD, ANNE
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) FOUND: 6-6-93 28a. PLACE OF INJURY building, stc. (Specify FOUND. IN (SICIAN: To the best of my knowled ER: On the basis of examination a	Fall y Firms 5:01 All home, farm, a	28. P. OTHER: 4 Nursing Hon E OF 28c. IN. URY 1 I Intreet, factory, office	LACE OF OEATH (Ch. ne 5 Rasidence JURY AT JRK7 YES 2 X\NO	eck only one) &X Other (Specify) 28d. DESCRIBE HO UNKNOWN 28f. LOCATION (St. City or Yourn, S ARINDEL CO	ROAD OW INJURY OCCI rest and Number of Islate) ORD I NA UNITY MD manner as state	AWALABLE PRIOR TO COMPLETION OF CAU OF DEATH? VES 2 NO WAY UREO ** Rural Route Number,* NCE ROAD, ANNE d.
MEDICAL	25. WAS CASE REFERREO TO MEOICAL EXAMMER? X	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) FOUND: 6-6-93 28a. PLACE OF INJURY building, stc. (Specify FOUND. IN (SICIAN: To the best of my knowled ER: On the basis of examination a	Fall y Firms 5:01 All home, farm, a	28. P. OTHER: 4 Nursing Hon E OF 28c. IN. URY 1 I Intreet, factory, office	LACE OF OEATH (Ch. ne 5 Rasidence JURY AT JRK7 YES 2 X\NO	eck only one) 28d. OESCRIBE HO UNKNOWN 28f. LOCATION (St. City or Yours, S ARLINDE) C(to the cause(a) and time, data and place	ROAD W INJURY Occident and Number of take) ORD I NA DUNTY Manner as state to, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? VES 2 NO WAY UREO ** Rural Route Number,* NCE ROAD, ANNE d.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

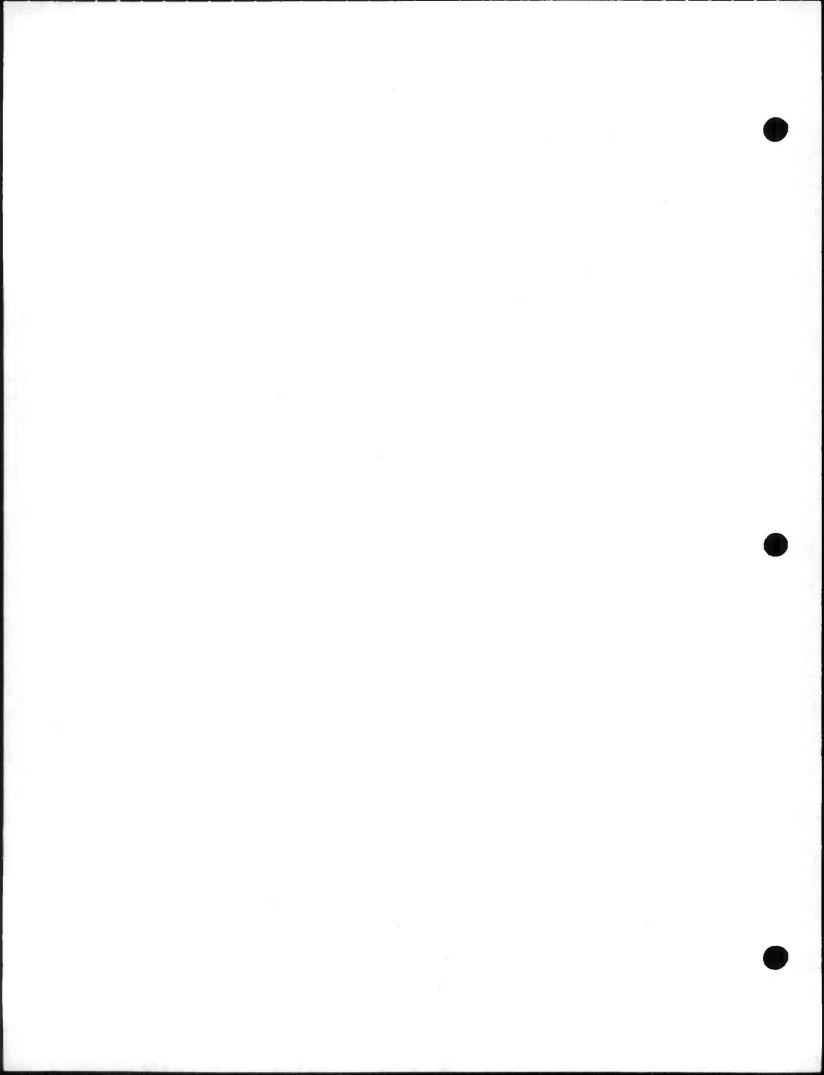


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

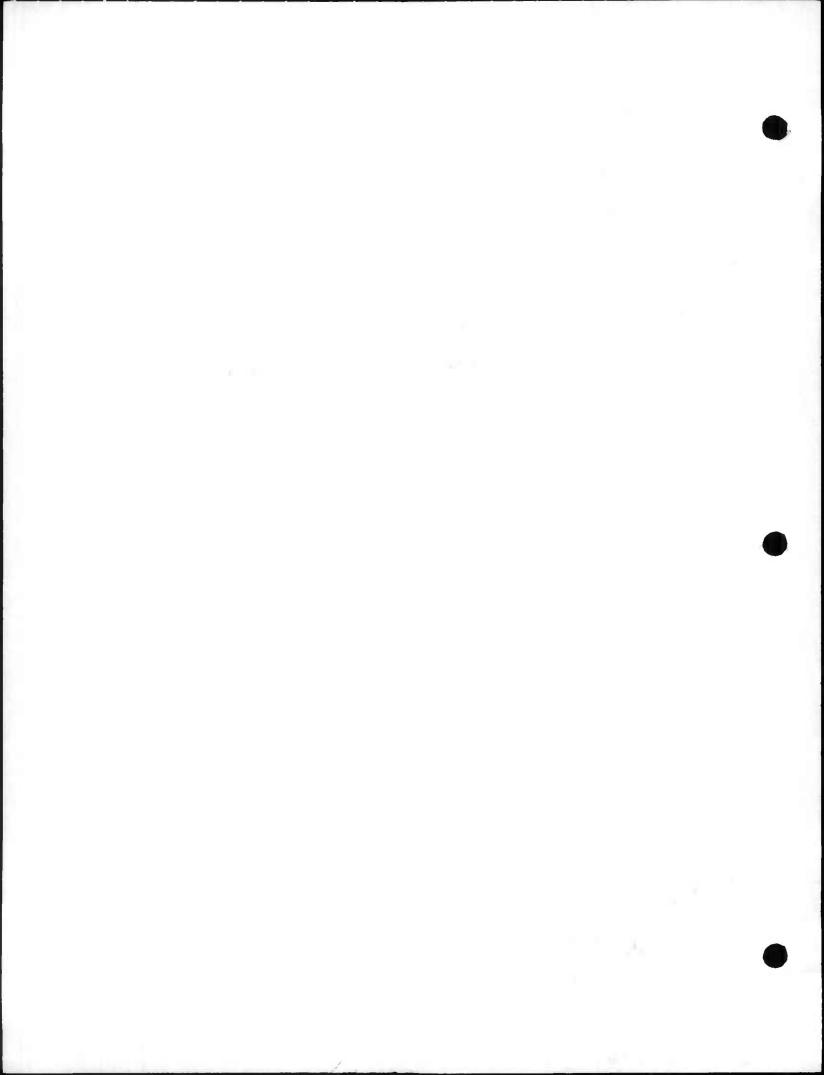
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIENE		1/161
1	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	R. BENNETT				2. DATE	OF DEATH		3. TIME OF DEATH 3 2:30 p M
	4. SOCIAL SECURITY NUMBER 215-09-9648		(In yrs. last birthday) YRS.	F UNDER 1 YEA		7. DATE	of BIRTH th, Day, Year) 2-20-16	8.	BIRTHPLACE (State or Foreign Country) Varyland
TOR	Se. FACILITY NAME (If not institution, give G.B.M.C.	street and number)		96. CITY, TOW TOW	N OR LOCATION OF D		20	Balti	
DIRECTOR	10a. STATE 10b. COUNT Maryland Bal	timore	14.0	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 800 Southerly Ro	đ.			101. ZIP CODE 21286			U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OB D	2 NO	If yes	DECENDENT OF HISPA specify Cuban, Mexic (ES 2 NO Spec	an, Puerto		or No- 14.	RACE — American Indian, Black, White, etc. Specify: THite
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during	ATION most of working	168	. KIND OF BUS	INESS/INDUS	TRY
MP		1 yr	Preside	ent and	d Founder		P.D	.I.	
	17. FATHER'S NAME (First, Middle, Last)	D			18. MOTHER'S N	AME (First,		Surname)	
TO BE	William 19a. INFORMANT'S NAME (Type/Print)	Bennett	19b. MAILING	ADDRESS (Stre	Nettie of and Number or Rura	Route Num	Stull ber, City or Town	, State, Zip Co	de)
	Sharon Naegele		109 5	Skywar	Dr. Dan	ville	,Pa. 1	7821	
	20e. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗎 Cremation 3 🗎 Res 4 🗎 Donation 5 🗎 Other (Specify)	noval from State cen	netery, crematory or oth ulaney Va	ner place)	(Name of 1em. Garde	1			or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAM	and address of F ck Towson O York Ro	Fune	ral Ho	ma In	
	23. PART 1. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on a	d the death. Do noted line. Column Consequence of Aconsequence		ch as car	diec or reapir	atory srrest	Approximate interval Between Onset and Death	
NOIL	Sequentially list conditions, if any, leading to immediate	0.	CONSEQUENCE OF		ad				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	A CONSEQUENCE OF):					
MEDICAL CI	PART II. Other significant condition	na contributing to death b	out not resulting in	n the underi	ring cause given in	Part I.	24a. WAS AN / PERFORI 1 TYES 2	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
									1 123 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only o	ne)		
YSI	1 TES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing I	lome 5 🗆 Rasidence	8 🗆 Othe	er (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	INJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED
G	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, s cify)	treet, factory, o	ffice	28t, LOC City	CATION (Street as or Town, State)	nd Number or i	Rural Route Number,
COMPLET	and.	SICIAN: To the best of my know IER: On the basis of axaminatio							suse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF GERTIFIE	lams h	D		20c. LICENSE NU 0 845	IMBER 2		29d. DATE SI	GNED (Morth, Day, Year)
07	Dr. Mark Lamos	3334 Paper M	Mill Rd.	Print)	1				
7	JUN 1 4 1993	grand 1985 108 25 14	Angel May		_				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be neededed within 24 hours after death. Page 6 may be intained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Deat, of Health and Mental Highens prior to burial, cremation, or removal.	IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

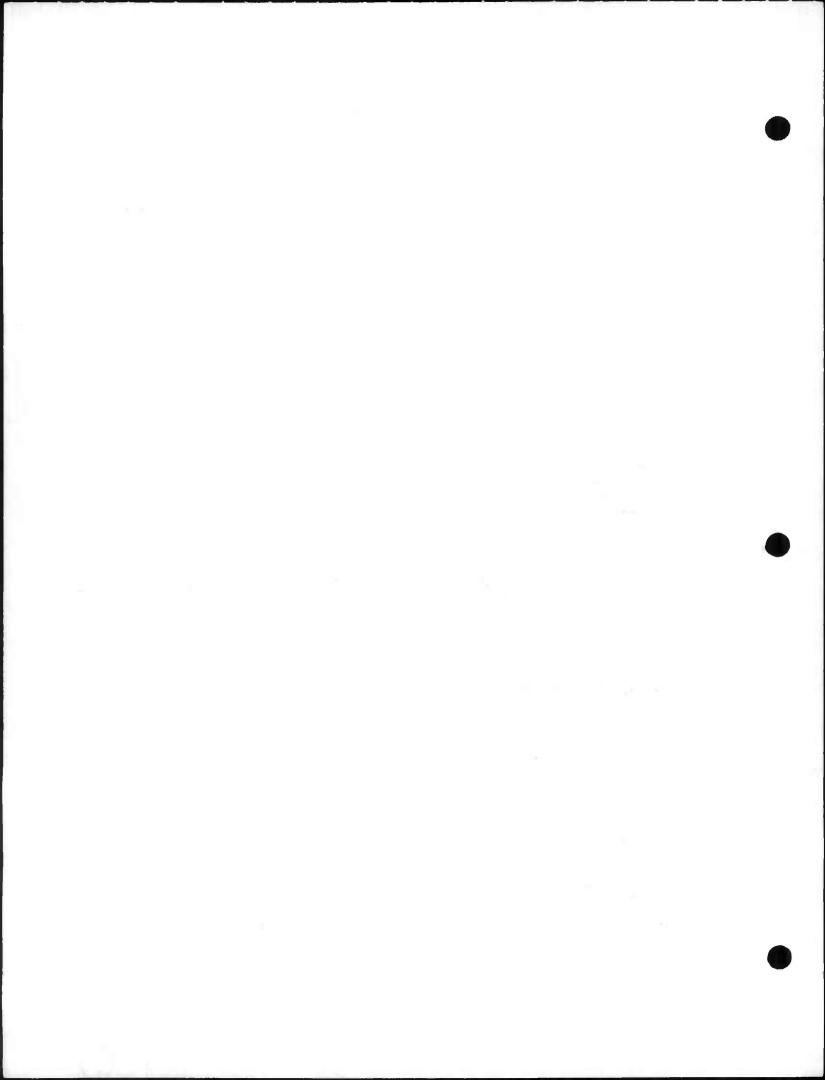
												93	17160
_	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN REG. NO.		20	1/102
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	CLARA	MAE	BUR	RNS						6-93	41	TEAR	11:50 P M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	217 18 2615	1 🗆 M 2 🔀 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.		26-23		Count	Maryland
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN D	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	
8	Mercy Hospit	al			B	alti	imor	6				NA	
5	RESIDENCE OF DECEDENT						0 1					MA	
DIRECTOR	10s. COUNT	Y		10c. CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
		na		Ва	alti	more	е						1 TYES 2 NO
₹	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Christ Harbor	Apts 6	00 Ligh	ht S	t						U	SA	
5	11. MARITAL STATUS		T EVER IN U.S. AR		13.	WAS DECI	ENDENT C	F HISPAN	IIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RAC	E — American Indian, k, White, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V					2 NO			ricen, etc.)		Spec	ify:
	A												White
=	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S	work done	CCUPATIO during mos	IN st of workin	g	166	b. KIND OF BUS	SINESS/INI	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+) """.	. Do NOT u	ee retired.)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)												
										Middle, Malden			
86	Cnrlst. 19a. INFORMANT'S NAME (Type/Print)	ian Sa								Ann H			oden
2			190							nber, City or Town			
	Geraldine Con	rerts						mort		Rd, Ca			
	1 🗆 Burial 2 🗆 Cremation 3 🗆 Rem	oval from State	cemetary, cre			ITION (Nar	me of		DAT	20c. LO	CATION —	City or To	own, Stela
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	7											
	21. Spirit the of Furgetial Service Li	Rona	ald Wad	le, D									y Board
	Janded // /	1 Mal	1		6.	55W.	.Bal	tim	ore	St, Ba	lto,	MD	21201
/	23 PART I. Enter the diseases, or	complications the	t caused the de	ath. Do i	not enter	the mod	de of dy	ng, suct	h as car	diac or respi	ratory ar	rest,	Approximate
	shock, or heart fellure.	A.											Interval Between Onset and Death
	disease or condition resulting in death)	(ho	010	1 1	1		1		4				
	resourced to country		1116	1054	ruch	we Y	who	mana	- 1	11500	. 0		Vanca
		DUE TO	OR AS A CONSE	OUENCE O	es:	ue Y	ماں	mana	7	1) Gea	e		Years
z		LUNG	(OI) AD A CONSE	OULIVOE O	r-ch •:	ue Y	(0/2	ma	7	() (Sea	ا		Years Months
TION	Sequentially list conditions, if any, leading to immediate	Lung	0	روب		ue Y	ماں	rona	7	y sea	e		Years Months
ICATION		DUE TO	OR AS A CONSEC	OUENCE O	f):	me f	ماں	nana	7	Vi Sea	el		Years Months
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	Can	OUENCE O	f):	ue f	ماں	ma	7	() (Sea	e		Years Months
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSEC	OUENCE O	f):	we f		nono	7	() (Sea	٠		Years Months
0	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	OUENCE O	F):							246	Years Months
0	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO	OR AS A CONSEC	OUENCE O	F):					24a, WAS AN PERFOR	AUTOPSY MED?	24b	Menths Were Autopsy Findings AMALABLE Price To COMPLETION OF CAUSE
0	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	OUENCE O	F):					24s. WAS AN	AUTOPSY MED?	24b	
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO	OR AS A CONSEC	OUENCE O	F):					24a, WAS AN PERFOR	AUTOPSY MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE
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MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO	OR AS A CONSEC	OUENCE O	F):	derlying		given in	Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Ensire INDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 MO 27. MANNER OF DEATH	DUE TO	OR AS A CONSECTION OF AS A CONSE	DUENCE OF CONTROL OF C	F): F): OTHER 4 Nun	26. PLI R: sling Home 28c. INJL WOT	ACE OF D	EATH (Che	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enser UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Matures Pending Investigation Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSIC	DUE TO DUE TO CONTRIBUTING TO DUE T	OPA AS A CONSECTION OF INJURY — At ho etc. (Specify)	DUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	OTHEF OTHER OTHER A INDIA No. 18 26. PLIR: along Home Word I Voory, office Ime, date of the control	ACE OF D 5 GR BRY AT RKY ES 2 GR end place	EATH (Chesidence	Part I. Bock only o Chy City To the ca	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW II or Town, State)	AUTOPSY IMED? NO NJURY OC NJU	CURED r or Aural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO i	
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COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 2s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Measural 5 Panding investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO DUE TO DUE TO CONTRIBUTING TO CONTRIBUTION DUE TO DUE TO CONTRIBUTION DUE TO DUE TO CONTRIBUTION DUE TO DUE	OR AS A CONSECTION OF INJURY — At ho etc. (Specify) my knowledge, de xamination and/or i	DOUENCE OF CONTROL OF	OTHEF OTHEF OTHEF William OTHEF 26. PLIR: along Home Word I Voory, office Ime, date of the control	ACE OF D 5 Re URY AT RK? ES 2 end place ath occur 29c, LICE	EATH (Che sidence NO and due ed at the	Part I. Deck only o S Other 28d. DE 28l. LOC City to the ca	24a. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State) use(a) and man	AUTOPSY MED? KNO NJURY OC Ind Number oner as star d due to ti	CURED r or Rural II	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO i Route Number,	
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BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Mesural 5 Pending investigation 2 Accident 3 Suicide 4 Homicide determined 29a. CERTIFIER (Check only) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30/NAME AND ADDRESS OF PERSON WH	DUE TO DUE TO DUE TO COMPLETED CAUSTRA	COR AS A CONSECTION OF AS A CONS	DOUENCE OF THE PROPERTY OF THE	OTHEF OTHEF In the un OTHEF A \cap Num Be OF BURY M Street, fact on, in my o	26. PL 2: aling Home 28c. INJL WOF 1 Yory, offica	ACE OF D 5 Re JRY AT RK? ES 2 end place eath occur 29c. LICI	EATH (Che sidence) NO and due ed at the ENSE NUM	Part I. Bock only of the Call to the call time, date BER	24a. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State) use(a) and man	AUTOPSY MED? MNO NJURY OC Ind Number orner as star d due to tt	cured or Aural II	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO i Route Number,



(N) DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)		TA.				_		2. DATE OF				3. TIME OF DEATH
	FRED	С			B	ROGAN	1			монтн 06	12	NY.	93 03	3:59 PM M
	4, SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	-		IF UNDER		7. DATE OF			8. BIRTHPI Country)	LACE (State or Foreign
	213-10-46		1 <u>√</u> XM 2 ☐ F	8 5	YRS.	MONTHS	DAYS	HOURS	MIN.	9 / 2 2	707			ginia
~	Se. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY	TOWN	DR LOCATI	ON OF DE	ATH		9c. COL	NTY OF DE	ATH
[NORTH ARUNI	DEL HOS	SPITAL AS	SSOCIAT:	ION	GI	EN	BURN:	IΕ				A.A. (COUNTY
DIRECTOR	10a, STATE	10b. COUNT	Y		10c. CI1	Y, TOWN C	OR LOCA	TION					1	Od. INSIDE CITY
뜸	Maryland	Anne	e Arundel	L		Gler	ı Bu	rnie						LIMITS?
¥	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT		AT COUNTRY?
띮	400 Glenwo	ood Ave	e.					210	61				U.S.A	•
FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDER	T EVER IN U.S.	RMED	13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, White, etc.
B⊀	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES	,		T YES	2 NO	Specify	, ruento nica	n, attal		Specify:	
	15. DEC	EDENT'S EDU	CATION	II 16e. I	DECEDENT'S	USUAL O	CCUPATIO	ON		165 KI	ID OF BUS	INESC/IN	DUCTOV	MILLOE
H	(Specify online Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done			ng	TOU. KIT	ID OF BUS	MACS3/IM	DOSTRI	
릴	12 yrs.	,	3090 (1.4 0. 0		Forem	an				Ge	nera	1 Mo	tors	
COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NAI	ME (First, Midd	le, Malden	Sumeme)		
BE	Charles Br								Grad	ce Sim	ms			
10	190. INFORMANT'S NAME (*) Lillian M.									loute Number, (
	20a. METHOD OF DISPOSIT		1						. G16	en Bur				
	1 Buriel 2 Cremetic 4 Donation 5 Other	n 3 🗆 Rem	oval from State	cemetery, c	remetory or o	OF DISPOS	ITION (Ne	me of		OATE			City or Town	
	21. SIGNATURE OF FUNCTION		жизек	Me	CIO C.			ND ADDRE	SS OF FAC	6/15	Cati	onsv	ille,	Maryland
	K. / M	10	2,1	. 1						ck Fun	eral	Hom	e	
\vdash	22 BART I Enter the di	1 w/	~~			42	21 C	rain	Hwy	S.E.	Gle	n Bu	rnie,	Md. 21061
	23. PART I. Enter the di ahock, or h	aart failure.	Cist only one car	it coused tha duse on each lin	leath. Do i na.	not enter	the mo	da of dy	ing, such	ss cerdisc	or respir	ratory ar	rest,	Approximata interval Between
	iMMEDIATE CAUSE (Fin disease or condition	nei	11			•		01	/	1/				Onset and Death
	disease or condition resulting in death) a. Harring C) & Sheek 1/2 Due TO (DR AS A CONSEDUENCE OF): Sequentisity list conditions, Oue TO (DR AS A CONSEDUENCE OF): Due TO (DR AS A CONSEDUENCE OF): Due TO (DR AS A CONSEDUENCE OF):										162			
7	U		Run	1	AL	1		.0	A	2 Kin	, 4	1		dluc
CERTIFICATION	Sequentisity list conditi if any, leading to immed	ons, dieta	OUE TO	(DR AS A CONS	EDUENCE O	F):	1/10	u	/ 1	710	- 1/	Ten	1017)	7475
2	cause. Enter UNDERLYI CAUSE (Disease or inju		c											
늗	that initiated events resulting in death) LAS		OUE TO	(DR AS A CONS	EDUENCE O	F):								
8			d											
	PART ii. Other significa	nt condition	s contributing to	deeth but not	resulting	in the yn	derlyin	ceuse (given in I	Part i. 24	. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL	Athro.	selx	etro 6	andro	Vas	cola	1	Di	Cuo	0 10	VES 2		C	WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
E I														YES 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE DF D	EATH (Che	ck only one)				
YSI	1 YES 2 NO		1 Inpatient 2		3 🗆 DOA			o 5 □ Re	sidence	B ☐ Other (Sp	ecify)			
	27. MANNER OF DEATH 1 Natural 5	Pending	26a. DATE DF (Month, D		28b. TIM	E OF JURY		RK?		28d. DESCRI	BE HOW IN	JURY OC	CURED	
B	2 Accident	Investigation	20a BI ACE C	E IN HIEW AAA	1	M		/ES 2 [NO					
COMPLETED		Could not be determined	building,	F INJURY — At I atc. (Specify)	ioma, rarm,	street, racti	ory, offic	•	İ	281. LOCATIO City or To	N (Street a wn, State)	nd Numbe	r or Rural Rou	ite Number,
91	290. CERTIFIER							-		_				
A P	(Check only		CIAN: To the best of											nd manner as stated.
				Author and o	mounigane	MI, III IIIY O	pinion, o				place, and			
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	20	/	7			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED (M	fonth (Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAU	SE DF DEATH (IT	EM 27) (Type	. Print)		U/	883	13			6/14	193
	DR.C.J.PADU	JSSIS/	7310 RIT	CHIE HI	GHWAY	/GLE	N BU	RNIE	, MD	2106	1			Į
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE				-	-					
γu	JUN 1 4 199	3 4	the Davidson	n-Mandall	L									



hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE CHERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

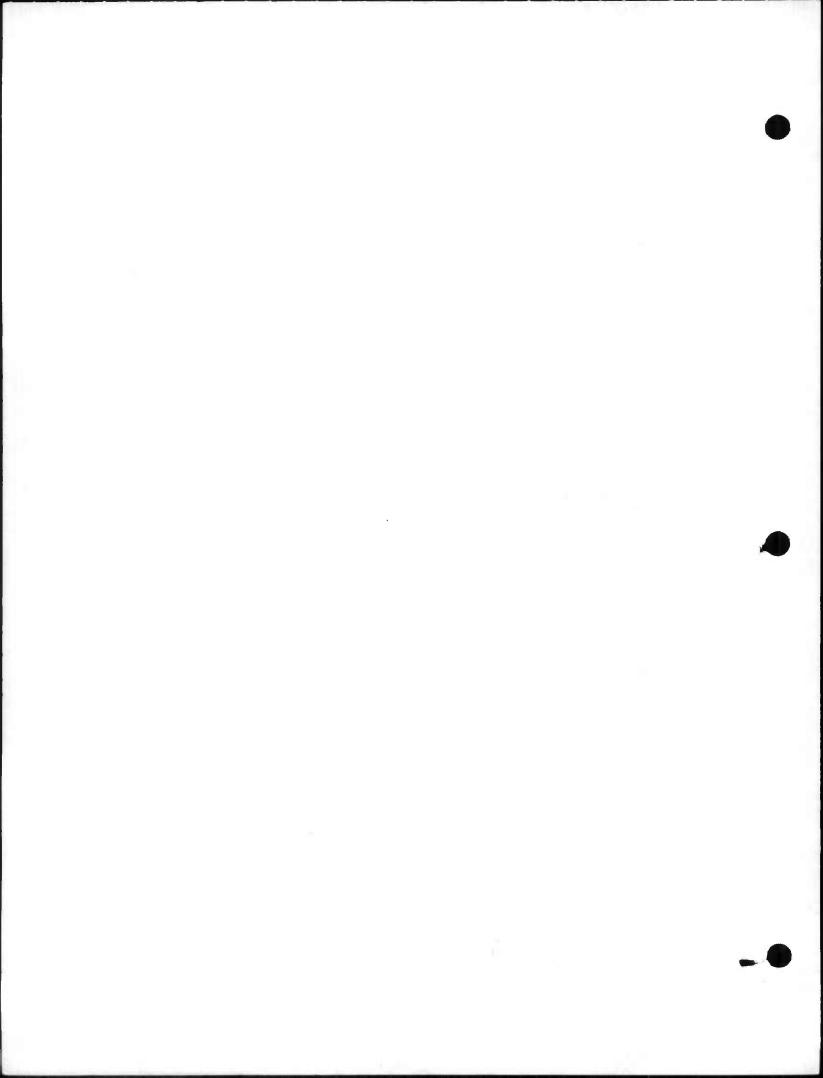
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)						-		2. DATE OF E	DEATH			3. TIME OF DEATH
	ELOISE	(1	BENSO	N			м онтн 06	P	3	93ª	9:05 PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les				IF UNDER	24 HRS.	7. DATE OF 8				PLACE (State or Foreign
	360-20-9752		1 ☐ M 2 🂢 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day March	v. Year)	1010	Countr	v)
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			Oh CITY	TOWN (OR LOCATI	ON OF DE		23,			
Œ	NORTH ARUN			CCOGT Am	TON				E-0	EATH.		VC. COU	NTY OF D	EATH
읝	RESIDENCE OF DEC	EDENT	OSFIIAL A	SSUCTAT.	LON	GLEN BURNIE						ANN	IE AR	UNDEL
DIRECTOR	10a, STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
ā	MARYLAND	ANNE	ARUNDEL		GI	EN E	URNI	Œ						LIMITS? 1 YES 2 NO
A	10e STREET AND NUMBER							. ZIP COD	F			10g. CITI	IZEN ~ W	HAT CULINABAS
FUNERAL	482 NOLPARK	DRIVE	2					21061	14					STATES
5	11. MARITAL STATUS			IT EVER IN U.S. AR		13.				IIC ORIGIN? (Sp	pecify Yas		14. RACE	- American Indian.
	1 Never Married 2		FORCES? 1	YES 2 TO	NO		It yes, sp	ecity Cuba 2 1 NO	n, Maxica	n, Puerto Rican	, atc.)		Black Specifi	, White, atc.
ВУ	3 X Widowed 4 Divo	rced						- 9K	оросп				Speci	WHITE
COMPLETED	15, DEC (Specify only	EDENT'S EDU	CATION completed)	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON of of weeking		16b. KINI	D OF BUSI	INESS/IND	USTRY	
	Elementary/Secondary (0		College (1-4 or 5	+)	ive kind of Do NOT u	se retired.)	during mo	St OF WORK	9					
₽	10th			GRO	CER					SEL	F EM	PLOY	ED	
8	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middle	, Maiden S	Surname)		
BE	ERNEST E. D							LIL	LIAN	BEETY				
10	19a. INFORMANT'S NAME (7)			190	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural F	Route Number, Co	ity or Town,	State, Zip	Code)	
-	THOMAS T. B	ENSON		48	32 NO	LPAR	K DE	RIVE,	GLE	N BURN	IE,	MARY	LAND	21061
	20a, METHOD OF DISPOSITI		med from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Ne			DATE			City or To	
	4 🗆 Donation 6 🗆 Other	(Specify)		Metro				Inc.	6.	1393	Cat	onsv	7ille	Maryland
- 1	Metro Crematory, Inc. 6-13-93 Catonsville, Maryland 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home													
	1 / Jest	100%	11 >1	2										
	23. PART I. Enter the di	sesses, or c	complications the	t ceused the de	eth. Do i	not enter	the mo	de of dv	ng sucl	, S.E.	G1e	en Bu	rnie	, MD 21061
	STOCK, Or heart fellure. List only one cause on each line													
	disease or condition	al	Acute	Dans	Mie	0.	Tuo	(1)	th	Por	lana	12 04	7 7	Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Dwetverlets with Perforation 3 Oue to (or as a consequence of:													
-	The Colon													
9	Sequentially list conditi		b. gue, to	DUENCE OF	F):									
S I	cause. Enter UNDERLY!	NG	- 191	2500										
E	CAUSE (Disesse or Inju that initiated events		DUESTO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST													
	PART II. Other significa-	nt condition	a contribution to	double hour and										
EDICAL	Parame	Tore	E Contributing to	death but not n	esulting .	In the underlying cause given in P				Part I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	70170	1.0.	1 112	IT Po	- 0					1 🗆	YES 2	LNO		COMPLETION DF CAUSE OF DEATH?
Σ	Congres	noc	greas	//	u	w				_				1 YES 2 NO
Ž.	•													
5	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPIJAL:			OTHER		ACE OF O	EATH (Che	ck only one)				
PHYSICIAN:	1 YES 2 MO		1 9-Impatient 2			4 🗆 Nun	ing Hom		sidence	8 🗆 Other (Spe	icity)			
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D.		28b. TIM INJ	URY	28c. INJ	AK?		28d. OEŞCRIB	E HOW IN.	JURY OCC	CURED	
B		nvestigation				M		'ES 2 [NO NO			,		
		Could not be	28a. PLACE O building,	F INJURY — At horate. (Specify)	me, term, s	street, fact	ory, office			26t. LOCATION City or Tow	(Street an	d Number	or Rural Ro	oute Number,
COMPLETED														
로			CIAN: To the best of											
8	one) 2 MEDIO	CAL EXAMINE	R: On the baels of e	remination and/or I	nvestigetio	n, In my o	pinlon, de	eth occur	ed at the	time, deta and p	placa, and	dua to th	e cause(s)	and manner ee stated.
	290, SAGNATURE AND TITLE	OF CERTIFIER			/ Y	-		29c. LICE	NSE NUM	BER		29d. DATE	E SIGNED	(Month, Day, Year)
H	Mylua	emy	AC	Tending	20	ely		0	20	684		•		10-93
2	30. NAME AND ADDRESS OF	PERSON WHO												
	CHACKIIMKAI	V C	YRTAC.	M . D .	1600	CR	AIN	HWY	1. 5	W. #3	08 (GLEN	l BII	RNIE, MD
	31. DATE FILED (Month, Day,)	tear)		R'S SIGNATURE	1000	011	1 7 1 N	1 1 77	, ,	11 0	30 (<u> </u>	. 50	21061
2	JUN 1 4 199	3 9	with Deviden	V-Nadora										21001



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Aygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR		MENT OF HEA CATE OF D		MENTAL HYGIENI REG. NO.		11100			
		YNARD				2. DATE OF DEATH DA JUNE 7, 1	993 YEAR	3. TIME OF DEATH			
		1 M 2 🗆 F	80 YRS.		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) JAN. 3, 19	13 WAS	SHINGTON, DC			
TOR	HOLY CROSS HOSPITA				SPRIN		9c. COUNTY OF	GOMERY			
DIRECTOR	10e. STATE 10b. COUNTY	TGOMERY	10c. CITY,	TOWN OR LOCATION	RING		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 1131 UNIVERSITY BL	VD. WEST,	APT. 810	101. ZII	20902			WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR YES, GIVE WAR OF	ES 2 NO	If yes, specify	ENT OF HISPAN Cuban, Mexican NO Specify	IIC ORIGIN? (Specify Yea n, Puerlo Rican, atc.)	Bia	RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	TION empleted) College (1-4 or 5+)	(Give kind of wo	ISUAL OCCUPATION ork done during most of retired.)		16b. KIND OF BUS	INESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last) JACOB BAYNARD		COMMEN			ME (First, Middle, Maiden S					
TO BE	190. INFORMANT'S NAME (Type/Print) MARLYN B. PERIN				lumber or Rural R	COLUMBIA		ID 21044			
	20e. METHOD OF DISPOSITION	1 ® Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICE	SEE	Lenyer	STEIN H	DEBREW 1	MEMORIAL FO TREET. NW.	UNERAL H	HOME. INC.			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. DUE TO (OR AN CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AN CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Prud	S A CONSEQUENCE OF)	nes c	ayur letes Cleri	les pues	raves	jule			
MEDICAL	PART II. Other algorificent conditions Transmission	contributing to deet	n but not resulting in	the underlying ca	use given in I	Part I. 24a. WAS AN / PERFORI	WED?	6. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	109PITAL:		OTHER:	OF DEATH (Che						
D BY	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be	28e. DATE OF INJUF (Month, Day, Yee	28b. TIME INJU 2 1RY — At home/ferm, str	WORK?		28d. DEDCRIME HOW IN 28d. DEDCRIME HOW IN 28f. LOCATION (Street or City or North, State)	Dat.	Louis Reside Number			
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my kn	owledge, death occurred	at the time, date end	place, end due occured at the t	to the cause(e) end mann	ner se stated.	ne as 19a-f. (e) end manner ee stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Im 1	90		DO3		29d. DATE SIGNE	(Month, Day, Year)			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		rint)							

DIVISION OF WITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICAN Jew requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this comment has been stoned by the attending physician and completely filled in by the funeral director name 5 should be detached for use as the human transfer
RECOI	aw requires tha	s been signed
DIVISION OF VITAL	OR ATTENDING PHYSICAN DE IS	DIRECTOR: After this commission has
	-	

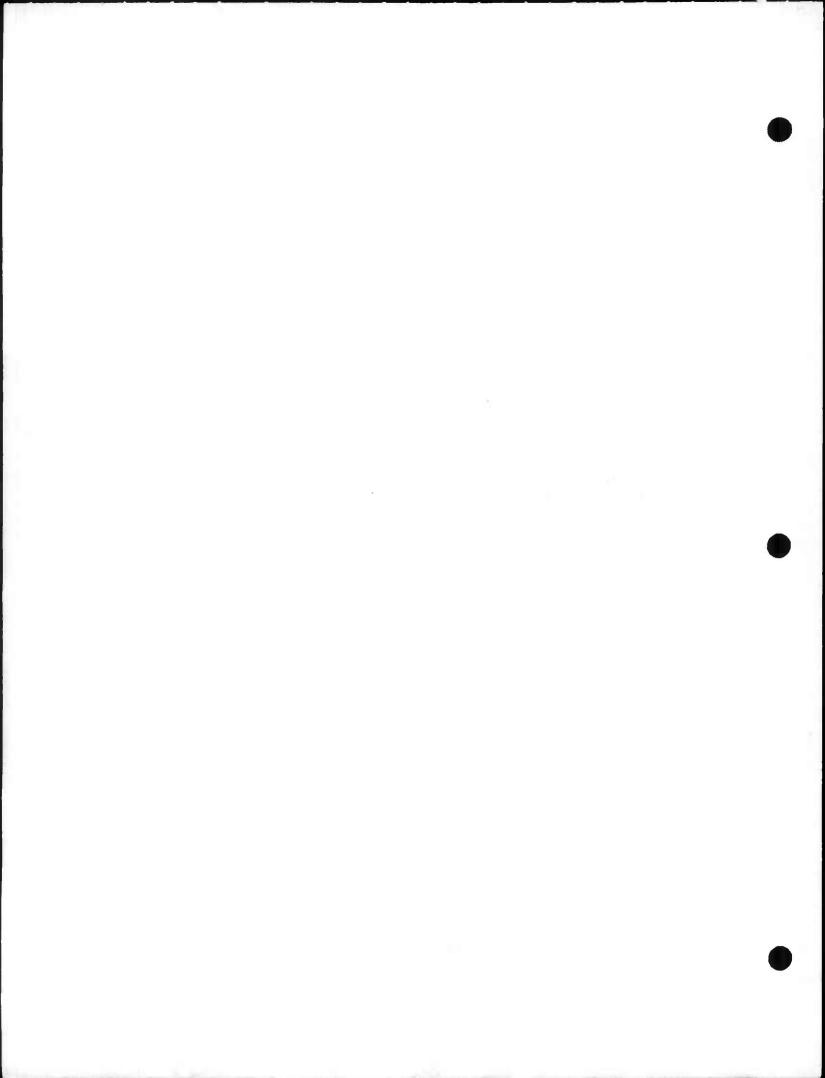
TO THE HOSPITAL OR ATTENDING PHESICAL As law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the detach TO THE FUNERAL DIRECTOR: After this children as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND		HYGIENE REG. NO.	93	17166	
	DECEDENT'S NAME (First, Middle, Last) STEP	HANIE ANNE BUSCH	MAN			2. DATE OF MONTH	DEATH DAY	YEAR 93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTH	PLACE (State or Foreign	
	217-46-1004	1 □ M 2 XXF 50	YRS.	MONTHS DAYS	HOURS MIN.	1/21,	743	Country	land	
000	904 Nicoll	eet and number)			OR LOCATION OF D	EATH		UNTY OF DE		
Ē	RESIDENCE OF DECEDENT			Balti	more			N/A	11-17	
DIRECTOR	10a. STATE 10b. COUNT	-	The second secon	, TOWN OR LOCA	TION	-			10d. INSIDE CITY	
	Maryland	N/A	Ba	ltimore					LIMITS?	
FUNERAL	604 Nichol Avenue			1	21212		10g. C		HAT COUNTRY?	
SNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	ILS ARMED	13 WAS DE	CENDENT OF HISPA	NIC OBIOINS (Sanath, Man as No.	USA		
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, s	pecify Cuban, Maxica B 2 NO Specific	an, Puarto Rica			— American Indian, White, etc.	
ЭВУ	3 Wildowed 4 Divorced			_	s tug no speci			Wh	lite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during m		16b. Kii	ND OF BUSINESS/II	NDUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Home Ca				Private			
O.	17. FATHER'S NAME (First, Middle, Last)		TIGILE GO	ii caakci	18. MOTHER'S NA	AME (First, Midd	fill Value		-	
BE C	Stephen Joseph Bus	chman				e Bryan	,			
10 B	19s. INFORMANT'S NAME (Type/Print)				and Number or Rural					
-	Elizabeth M. Graf		1808 Sh	erwood Av	enue Balti	more Mar	ryland 2123	39		
	20a. METHOO OF DISPOSITION 1 General 2 Generation 3 General A General Survey 5 General Specify)		PLACE AND DATE O etery, cremetory or ot	her place)		OATE	20c. LOCATION -		vn, Stata	
	21. SIGNATURE OF FUNERIAL SERVICE OF THE DENNIS STOPP	en Xenakis	M00640	6500 Y	Mitc ork Road B	hell-Wie altimore	edefeld Hor Maryland	ne 21212		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
1	PART II. Other significent condition	s contributing to deeth bu	it not resulting is	n the underlyin	g ceuse given in	Part i. 24	a. WAS AN AUTOPS!	-	WERE AUTOPSY FINOINGS	
MEDICAL							YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
						_	Q	1	1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	, , ,				
PHYSICIAN:	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpa 28a. DATE OF INJURY	28b. TIME		ne 5 Rasidence		BE HOW INJURY O	CCURED		
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	ил	JRY W	YES 2 NO	200. 0200,11	be now moon! O	COOKED		
ED B	2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Special	At home, farm, st	treet, factory, offi	:0	281. LOCATIO City or To	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
LET	29a, CERTIFIER									
COMPLET		CIAN: To the best of my knowle R: On the basis of examination							and manner as stated.	
BE	286. SHANKTURE AND TITLE OF CERTIFIE	low!			29c. LICENSE NUI	MBER 71	29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	Stoner, Ml	TH (ITEM 27) (Type,	Print) H 506	1205	ister	Vierve	m	TRUSON MJ	

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
JUN 1 4 1993

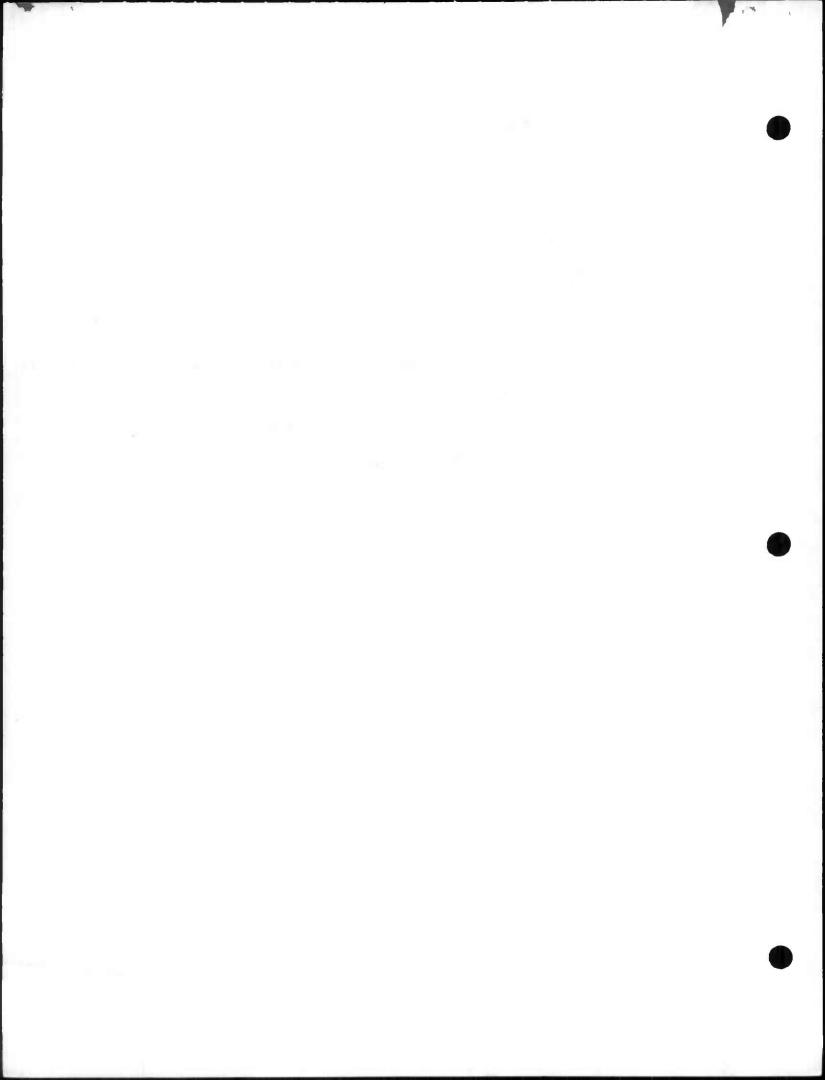


TO THE HOSPITAL OR ATTENDING BACKGLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Middle,	Less), MARTON Q. D	AVIS BROWN	J		2. DATE OF DEATH	8 9	S. TIME OF GEATH				
4. SOCIAL SECURITY NUMBER 217 - 18-613	7 1 1 M 2 X F	1 M 2 SF 7 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Your) 920									
	MERCY MEDICAL CENTER POLITION OF DEATH So. COUNTY OF										
Maryland Ba	altimore	10c. CITY, TO	WN OR LOCAT	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER 8415 Bellona I	ano			ZIP CODE			OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN	2 X NO	13. WAS DECE If yes, spe	21204 ENDENT OF HISPANI city Cuban, Mexican 2 NO Specify.	A . RACE — American Indian, Black, White, atc. Specity. Valls 2 to 0						
15. DECEDENT (Specify only highest Elementary/Secondary (0-12)						ne during most of working					
17. FATNER'S NAME (First, Middle, La		Admitssic	ns ker		E (First, Middle, Maiden		Wales Universi				
Emerson	Davis			Mildred		Arrin	qton				
19a. INFORMANT'S NAME (Type/Print Edward Johnsto					oute Number, City or Tow	n, State, Zip Co					
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Hamoval from State H1.	PLACE AND DATE OF DIS treet, cremetory or other pi TITOP Serv	sposition (Nar lace) 1Ce Co	rp.	6 20 =	wson,	y or Town, State				
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		Ruck	Towson F York Rd.	uneral Hor Towson, I	me, Inc	C. 204				
immediate CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST LUNG SQUAMONS CEZZ CARCUDOMA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant con	ditions contributing to death bu	it not resulting in the	e underlying	cause given in F	Part I, 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HQSPITAL:			CE OF DEATN (Chec	ck only one)						
1 TYES 2 NO	1 npetient 2 ER/Outpe	tient 3 DOA 4 D		5 - Residence 6							
1 Natural 5 Pending 2 Accident Investigs	ntion				28d. OEŞCRIBE NOW I	NJURY OCCUR	ED				
3 Suicide 6 Could n 4 Homicide determin		— At home, farm, street, y)	factory, offica		26f. LOCATION (Street a City or Town, State)	and Number or I	Runel Route Number,				
	PNYSICIAN: To the best of my knowle						ause(s) and menner as stated.				
29b. SIGNATURE AND TITLE OF CER	TIFIER HERO	Mo		29c. LICENSE NUME			GNED (Month, Day, Year) - 09-63				
GNSTI MASSI	WHO COMPLETED CAUSE OF GEAT	NU STRAE		cy made	OYL CRNT	ir-N	AUT MORTE MO				
JUN 1 4 190	JA NEGISTHAN S SIGNA	- Pandell									



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4/	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit paner 1.2	filed \	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

DIRECTOR

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93 17168 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR James R BARSDA June 10, 1993 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 🕅 M 2 🗌 F 53 06/10/40 178-32-2365 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rosedale Baltimore County RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Lansdowne 1 YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3251 Ryerson Circle 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 🐼 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Married 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade con Elementary/Secondary (0-12) College (1-4 or 5+) 12th Loader Bethelem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) John Barsda Mary Takach 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JoAnn M. Barsda 3251 Ryerson Circle, Lansdowne, Maryland 21227 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 🂢 Cremellon 3 ☐ Removal from State
4 ☐ Donallon 5 ☐ Other (Specify) 20c. LOCATION — City or Town, Slate 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE Balt-Wash Crematory 6/14/93 Laurel, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home of Lansdowne 2719 Hammonds Fr. Rd. Lansdowne, Md. 21227 I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest, shock, or haert failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Fine) Onset end Death disease or condition Pulmonary Edema
Due to (or as a consequence of): resulting in death) Immunoulastic Lymphoma Extensive Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST IGS

CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. IMMUNODIASTIC DUE TO (OR AS A CONSE c. OUE TO (OR AS A CONSE d.	OUENCE C)F):	a Extensive			
MEDICAL	PART II. Other significant conditio	ns contributing to death but not	reaulting	in the u	inderlying causa givan in	Part i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
NA!	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only o	ne)	
PHYSICIAN:	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 No inpatient 2 ER/Outpatient 3	OTHER: 4 Nursing Homa 5 Residence 8 Oth			er (Specify)		
PH	27. MANNER OF DEATH 1 X Netural 5 Pending	28s. DATE OF INJUSTY (Month, Day, West)	266. TIN	-	28c. INJURY AT WORK?	-	SCRIBE HOW INJURY OCCU	RED

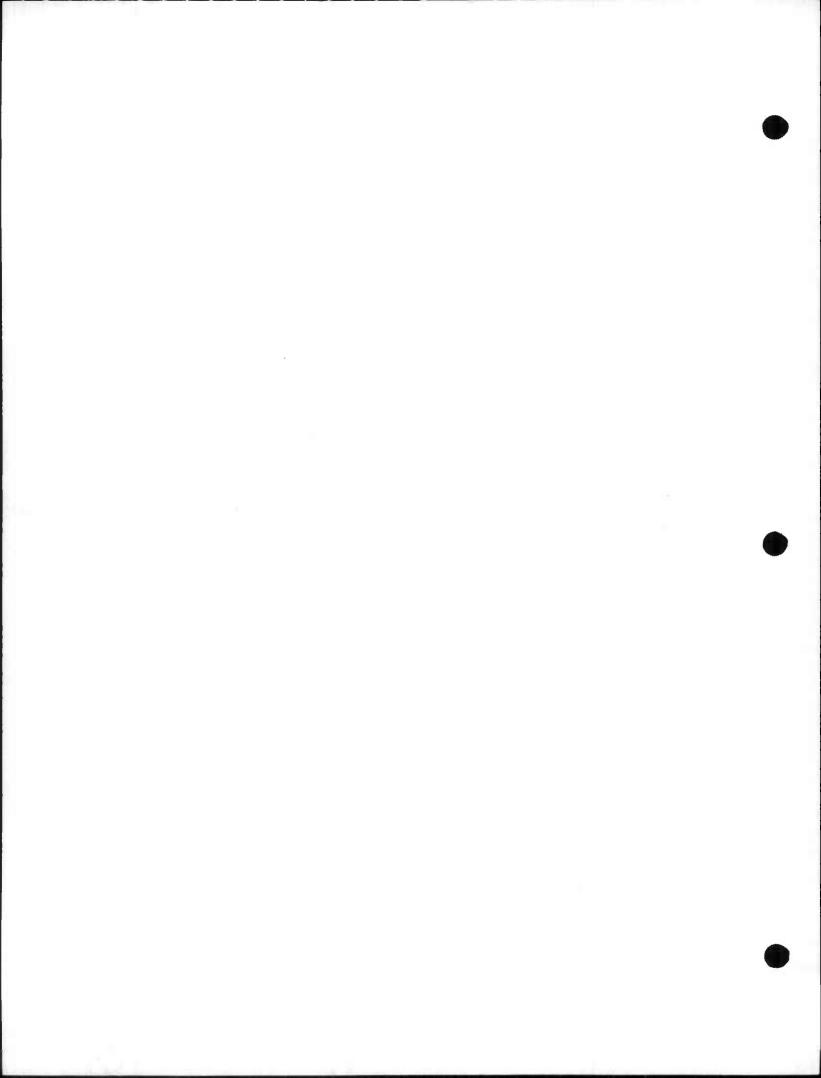
2 Accident 28s. PLACE OF INJURY 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide

ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. EDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end manner ee stated.

254 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 6-13-9)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Perez-Mera MD	404	Fastern	Boulevard	Baltimore	(divi	21221
32 MISTRAR'S SMATURE	-					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

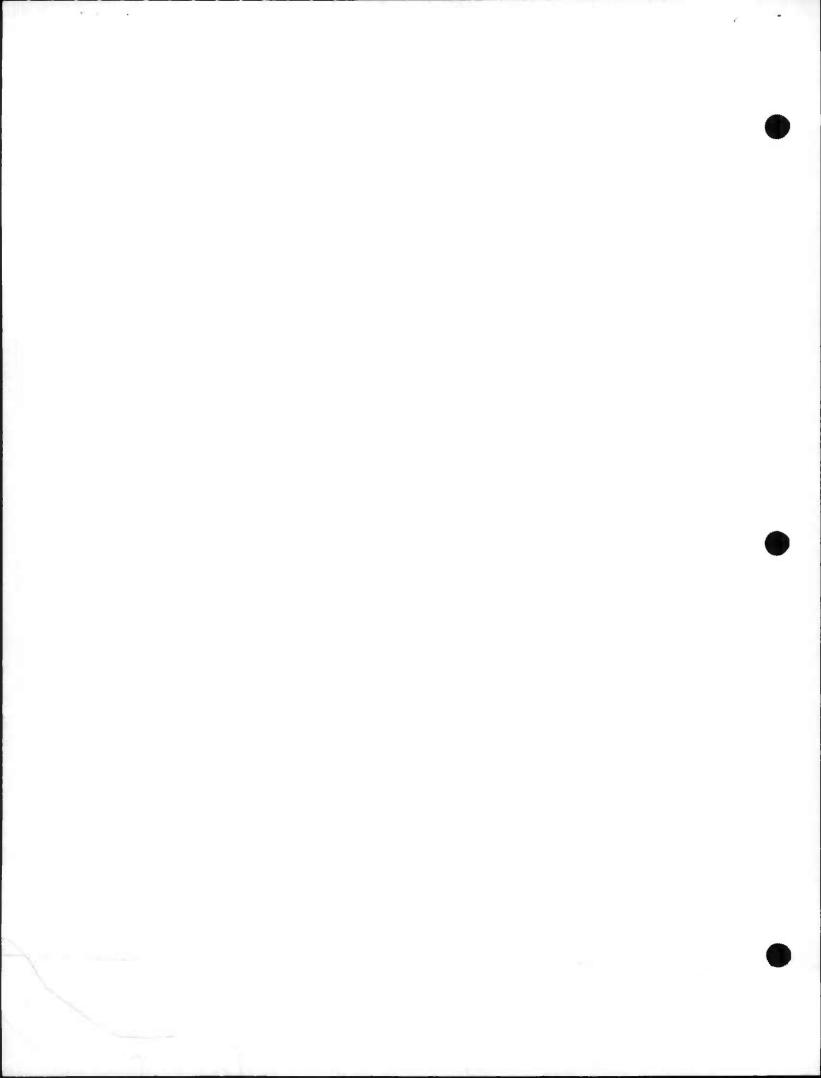
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31. DATE FILED (Month, Day, Year)

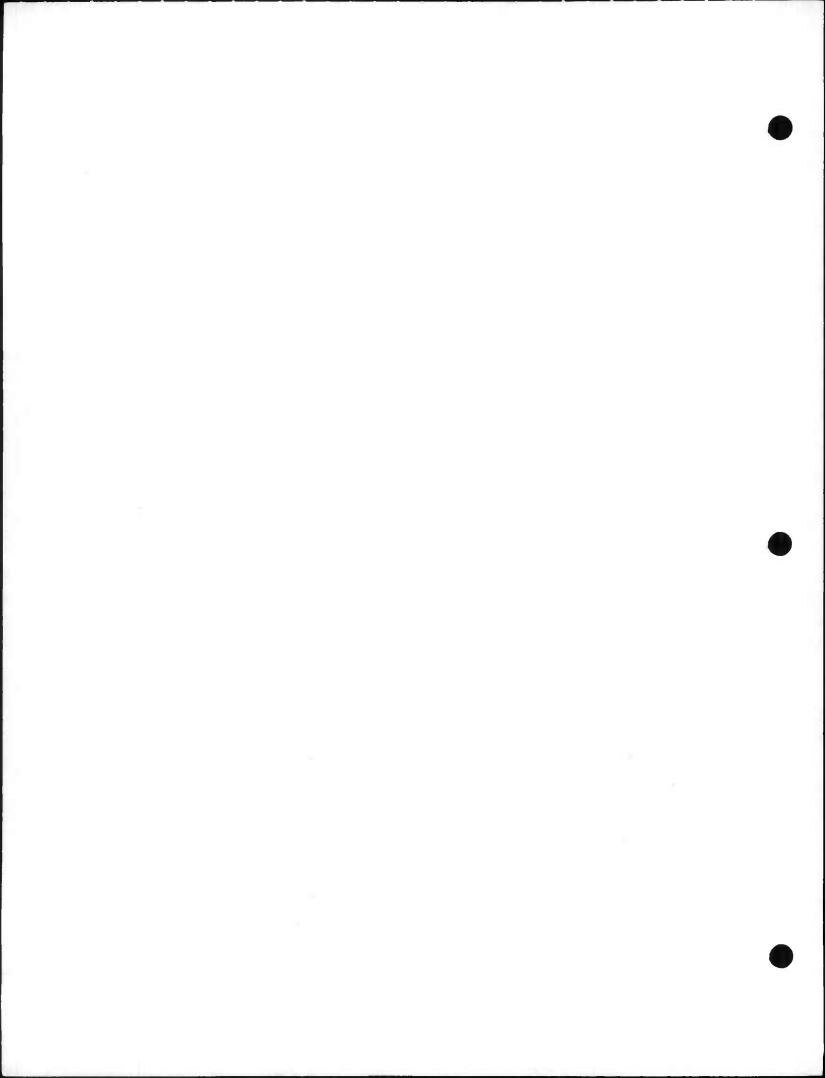
JUN 1 1 1993

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF	HEALTH AND			75 1/1	07		
	1. DECEDENT'S NAME (First, Middle, Last)	Day BZF	CERTIFIC	JAIE OF	DEATH	2. DATE OF DEATH	DAY	year 3. TIME OF DEA			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE 1 ☑ M 2 ☐ F		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	1	8. BIRTHPLACE (State or Fi Country) Many land			
OR		tospital		Balt	OR LOCATION OF D	PEATH	9c. COUNT	Beltinare			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
FUNERAL	10e, STREET AND NUMBER			10	1. ZIP CODE	*	10g. CITIZ	EN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yea, s	CENDENT OF HISPA lecify Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Ven, Puerto Ricen, etc.)	es or No—	14. RACE — American Indi Black, White, etc. Specify:	len,		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina m	ON ost of working	16b. KIND OF B	USINESS/INDU	STRY			
	17. FATNER'S NAME (First, Middle, Last)	AME (First, Middle, Meide FANNIE I		RNES	ja -						
TO BE	19e. INFORMANT'S NAME (Type/Print)			lural Route Number, City or Town, State, Zip Code)							
	20e. METHOD OF DISPOSITION 1		Ob. PLACE AND DATE OF emetery, crematory or other	DISPOSITION (N				ity or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		HUBBA		AL HOME IN					
	23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse on	ed the deeth. Do not eech line.	enter the mo	de of dying, suc	ch as cerdlec or ree	piratory arre-	Interval B Onaet and	ate letweer		
MICIA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CENTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
PHISICIAN: MEDICAL C	PART II. Other algnificent conditions	contributing to deeth	but not resulting in	the underlyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF (OF DEATH? 1 YES 2	TO CAUSE		
SICIAN:		HOSPITAL:		THER:	ACE OF DEATH (C)						
מו בחוי	27. MANNER OF DEATN 1 Netural 5 Pending	28b. TIME (OF 28c. IN.		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	IREO				
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm, streecify)	et, factory, offic	•	261. LOCATION (Street City or Town, State		r Rural Route Number,			
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC DESCRIPTION ON 1 CERTIFYING PNYSIC DESCRIPTION OF THE PROPERTY OF THE PROP	IAN: To the best of my kno	wiedge, death occurred on end/or investigation.	at the time, date	end place, and due	to the cause(e) end me	enner ee atated	1.	stated		
מ	296. SIGNATURE AND TITLE OF CERTIFIER	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the 19th. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU Duan M. Dangto M.D. near 240 logist D24									
2	30. NAME AND ADDRESS OF PERSON WHO	<u> </u>			0	-1 - 0	1	5/8/93			



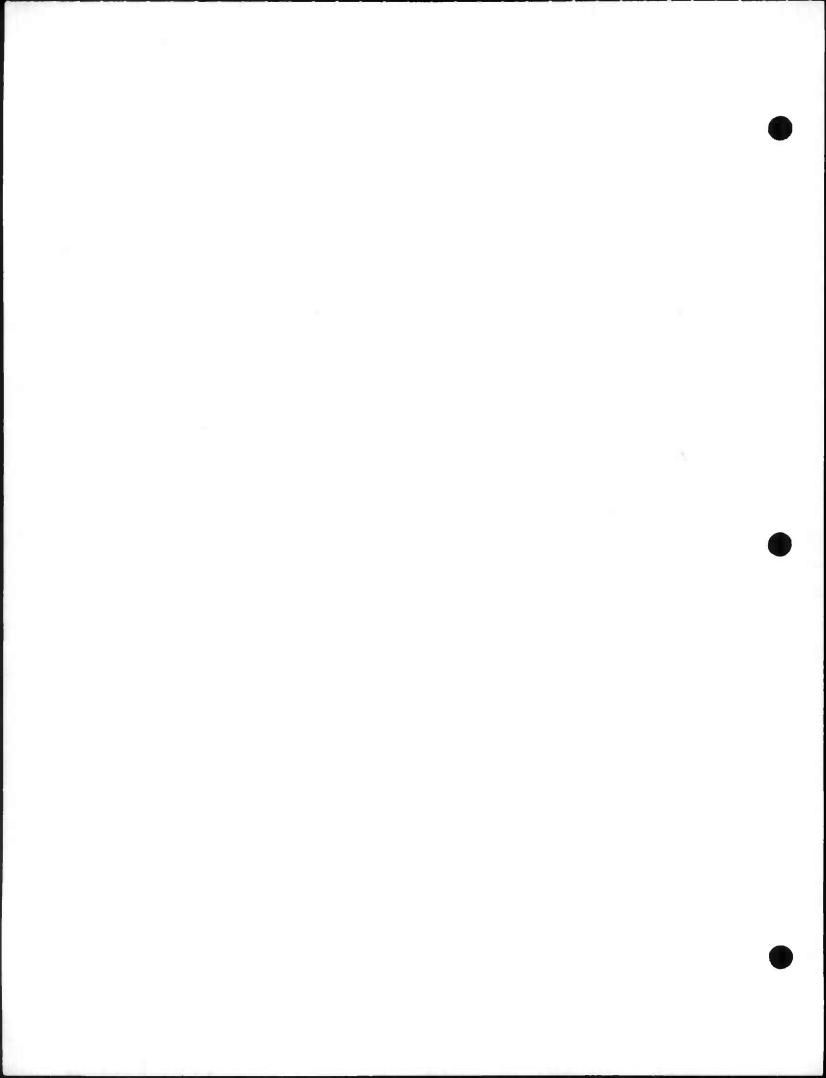
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT				MENTA	AL HYGIEN	-	93	17170
	1. DECEDENT'S NAME (First, Middle, La	ist)								E OF DEATH		3	. TIME OF DEATH
	CAPTAIN	CA	MERON						MON.		9	3 EAR	M
1	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. le	ast birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. DATE	E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	230-12-8855	1 X M 2 D F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	2 6	17	Country)	. C .
OR	9a. FACILITY NAME (If not institution, git 1633 Kingsway	Rd.				alt		ION OF DE	EATH		9c. COU	NTY OF DEA	ТН
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COL												
DIRECTOR	Md.	NIT			time		ION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1633 Kingsway	/ Rd.				101.	ZIP COL	1218	3		1	ZEN OF WH	AT COUNTRY?
N N	11. MARITAL STATUS											JSA_	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 A	NO	H	yes, spe	city Cub	OF HISPAN an, Mexica Specify	INIC ORIGIN? (Specify Yea or No— en, Puerto Rican, etc.) 14. RACE — American Ind Black, White, etc. Specify: Black				
8	15. DECEDENT'S E	DUCATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	N .		16	b. KIND OF BU	SINESS/IND		N
COMPLETED	(Specify only highest green (0-12) 7th Grade	+)	e. Do NOT u				ing						
N N	17. FATHER'S NAME (First, Middle, Last)			Iruc	k Dr	ıve							
BE CC	Arthur Came						18. MOT	'HER'S NA	ME (First,	Middle, Malden	Surname)		
10	19a. INFORMANT'S NAME (Type/Print)		15	9b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Nun	nber, City or Tow	n, State, Zip	Code)	
	Thelma Camer	on		1633	Kin	gsw	ay	Rd.	, Ba	alto.	, Md	. 2	21218
5	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely cremation or other place)								CATION — City or Town, State				
	4 Donation 5 Other (Specify)	amovar from State	- Cemetary cr	rematory or other placa).					1	Na	shvi	lle.	N.C.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0		22. N	AME AN	D ADDM	SE OF FA	CILITY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CAR	1 tome	2/2	2		M	arc	h F	/H I	Fast	1	101	F no	orth Ave.
	23. PART I. Enter the diseases, or complications that caused the death be not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death of Cardiac or condition. Approximete interval Between Onset and Death of Cardiac or condition. Approximete interval Between Onset and Death of Cardiac or condition.												
			(OR AS A CONSE										
CERTIFICATION	Sequentielty list conditione, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
3	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
E	resulting in deeth) LAST	_ d											
S	PART II. Other eignificent condit	ione contributing to	deeth but not	regulting	In the und	larlylag		aluen in	Dort 1	I ac- 1100 ac	ALITONIAN	1	
MEDICA			D.V			orrynng	, 00000	and the	rait i.	PERFOI		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
0									_	1 TYES 2	□ NO		F DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 PM	105 OF 6	E ATH COL					
S	EXAMINER? 1 VES 2 NO	HOSPITAL:	1		OTHER:		100	EATH (Che				_	
. ×	27. MANNER OF DEATH	1 Inpatient 2 I			4 - Nursir			esidence					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D		28b. TIM	IURY M	1 Y] NO	28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
8	3 Suicide 6 Could not	Duliding.	F INJURY — At he atc. (Specify)	ome, term,	street, factor	ry, office			281. LOC City	CATION (Street of or Town, State)	and Number	or Rural Roul	te Number,
ᄪ	29a. CERTIFIER												
COMPLET	(Check only 1 PE CERTIFYING PH	VSICIAN: To the beat of a											nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIF	FIER					29c. LIC	ENSE NUM	IBER		29d, DATE	SIGNED (M	onth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON	rkend C	muk	<u>a</u>			P	90	71		> <	-14	-93
	R. KRISHNA	A .				15	7. =	#3n	5	BALT	MOR	EN	40 21201
1 / 1	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE					-		11-1			•



	TO THE FUNDOR THE FUNDOR TO THE TOTAL THE TOTAL SIGNED BY THE Attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: Il liem 28 is marked, or new shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR ERTIF	RTMENT	OF H	DEAT	AND I	MENTA	L HYGIEN			1 / 1 / 1					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	-		3, TIME OF DEATN					
	Audrey D. Cla	arke							MONT	H D	AY	YEAR	o. Hime of BEATH					
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. le	et hirthday)	IF UNDER	. VEAD	IF UNDER	24 MBC		<u>пе 13</u>	, 195		HPLACE (State or Foreign					
	213-10-2206	1 🗆 M 2 👿 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	h, Day, Year)		Count	(7)					
	Sa. FACILITY NAME (If not institution, give str			rna.						<u> 30 - 19</u>			ryland					
œ																		
0	2507 McComas Ave. Dundalk										E	alt	imore					
S	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION																	
DIRECTOR	1210 C 20 10 10 10 10 10 10 10 10 10 10 10 10 10	DE GIT, TOWN ON EDCATION											10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	cimore			Jund								1 TES 2 NO					
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FUNERAL						0	21222 U.S.A.											
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	MAS DEC	ENDENT C	F HISPAN	IC ORIGI	1? (Specify Ye	or No-	14. RAC	E — American Indian, k, White, etc.					
В	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	,,,,		YES	2 NO	Specify	r, Puerto	Rican, etc.)			"Y"White					
													WILLE					
Ē	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. Di	ECEDENT'S Give kind of us Do NOT us	USUAL O	CUPATIO	N st of workin	ia.	168	. KIND OF BU	SINESS/INC	DUSTRY						
iii l	Elementary/Secondary (0-12)	College (1-4 or 5+	·) #															
뤗	12th			пос	sew.	rre												
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	VER'S NAM	ME (First,	Middle, Meiden	Sumeme)							
BE (Sulbert Robey	У					P	ear	1 P	adget	hl							
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number	or Rural R	loute Num	ber, City or Tow	n, State, Zip	Code)						
٩	Henry Petersor	٦	2	903	Dung	glov	v Rd	. B:	alt.	imore	, Md	. 2	1222					
	20. METHOD OF DISPOSITION	The second second	20b. PLACE	AND DATE	OFDISPOS	-			DAT									
20s. METHOD OF DISPOSITION 1																		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE	0	^			D ADDRES		HILLY CHILL	161 8	BILL	mor	=					
	» (· D+	10	01	1	C	onne	elly	Fur	ner	al Ho	me o	f D	undalk					
	Coll	Con	nell	W	. 7	110	Sol	ler	s P	. Rd	. Du	nda	lk 21222					
	23. PART i. Enter the diseases, or co	omplications the	caused the d	nth. Do r	not enter	the mo	de of dyl	ng, auch	aa can	diac or resp	ratory er	rest,	Approximate					
	23. PART i. Enter the diseases, or complications that caused the denta. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final										Onset and Death							
1	disease or condition resulting in death)	.7	neta s	tatio	/ _	Len	1 (an	ui									
	disease or condition resulting in death) Due to (or as a consequence of):																	
z	Sequentially list appelling																	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be notified at once
TO THE HO	TO THE FUI	MPORTA

permit. Pages 1, 2, 3 should

	9 3 1 7 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	1172							
	1. DECEDENT'S NAME (First, Middle, Lost) John Stewart Clayton 2. Date of Death Month OAY GAR A SOCIAL SECURITY NUMBER.	ME OF DEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 18 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 1 M 2 F 71 XXX YRS. 90. FACILITY NAME (If not institution, give street and number) 92. COUNTY OF DEATH 94. COUNTY OF DEATH 95. COUNTY OF DEATH 96. COUNTY OF DEATH	Yland							
DIRECTOR									
		INSIDE CITY LIMITS? YES 2 NO							
FUNERAL	2 1047 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No	nericen Indien.							
ED BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES, Specify: Specify: W	nite							
COMPLETE	(Specify only highest grade completed) Elementary/Secondary (0-12) 12 yrs. Specify only highest grade completed) College (1-4 or 5+) Expediter Expediter Expediter Koppers Co.								
BE CO	17. FATHER'S NAME (First, Middle, Last) George Emory Clayton 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Eva McCartney Scarff								
101	19b. INFORMANT'S NAME (Type/Print) Mrs. Ethel Marie Clayton 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1313 Old Fallston Rd. Fallston, Md. 21047	7							
	209. METNOD OF DISPOSITION 1 Surfel 2 Cremeters 3 Removel from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 200. PLACE AND DATE OF DISPOSITION (Name of company, gramatery,								
	E.F. Lassahn Funera 11750 Belair Rd, Kingsville, Md. 2108	1 Home							
	anock, or near railure. List only one cause on each line.	Approximate interval Between Onset and Death							
ERTIFICATION	Sequentially list opnditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
N: MEDICAL C	Hyferterision (HF, Lenel Ins flowing 1 yes 2 MNO OF DEI	AUTOPSY FINDINGS IBLE PRIOR TO LETION DF CAUSE ATH? YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	,							
ВУ РН	27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Veer) 28. DATE OF INJURY (Month, Day, Veer) 28. TIME OF INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE NOW INJURY OCCURED								
0	3 Suicide 8 Could not be datarmined 26e. PLACE OF INJURY — At home, tarm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, tarm, street, fectory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Nu City or Town, State)	Imber,							
COMPLET	29a. CERTIFIER (Check only one) 1 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end dua to the cause(e) end menner ee stated, one) 2 MEDICAL EXAMINER: On the best of axaminstion and/or investigation, in my opinion, death occurred at the time, date end place, end dua to the cause(e) end menner ee stated.	anner ee stated.							
BE (29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month)	Day, Year)							

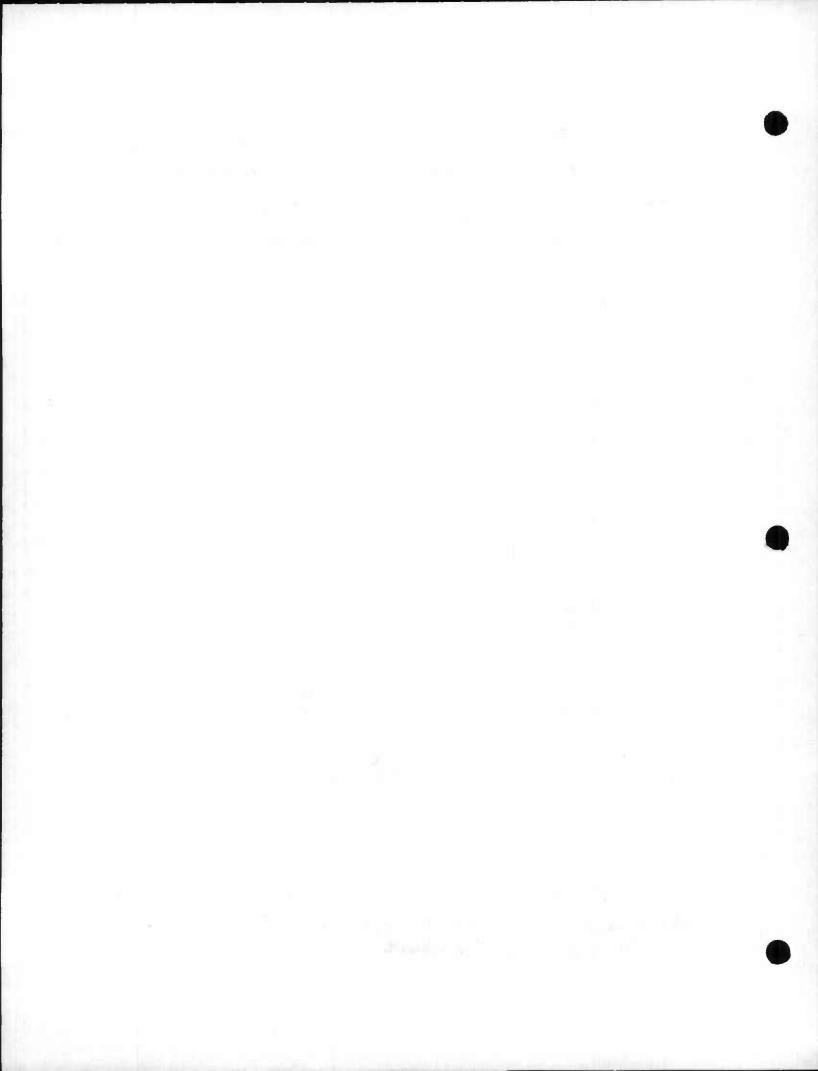
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mark 11.14 620 Banton St 31. DATE FILED (Month, Day, Year)

JUN 1 4 1993

620 Boul

32. REGISTRAR'S SIGNATURE



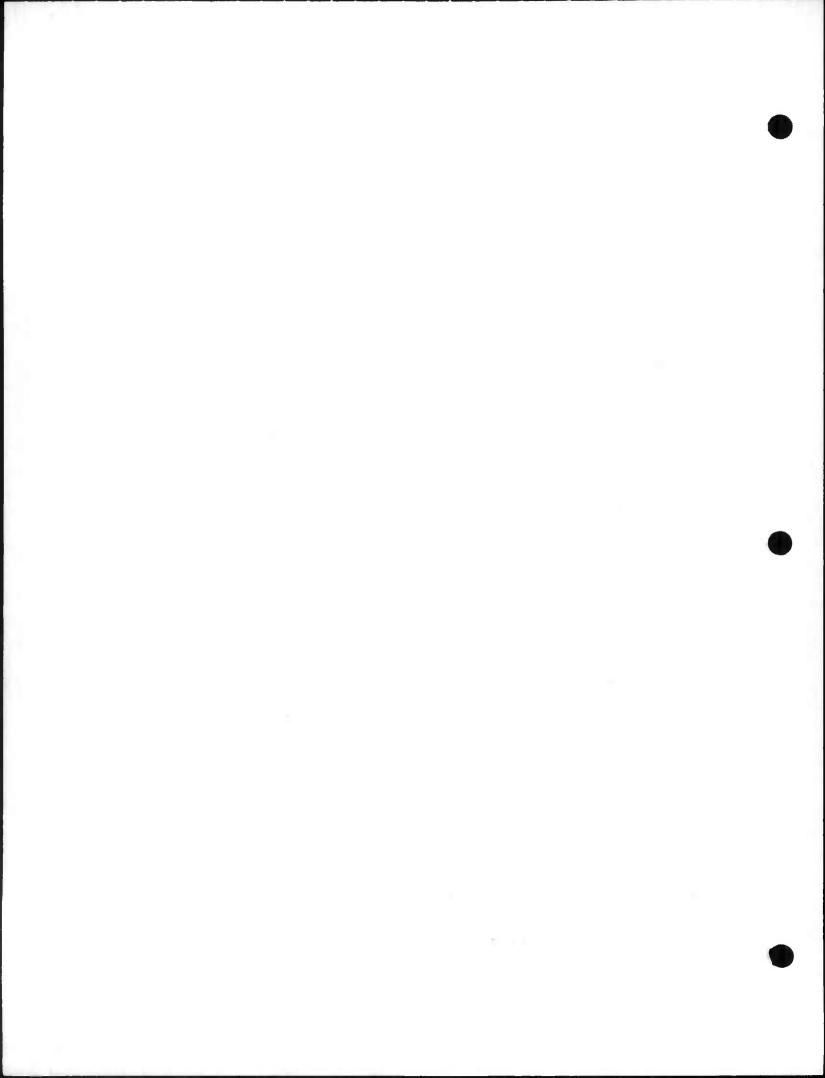
M. FORJR.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

	1 - STATE REGISTRAR	OINIE OI III	CE	RTIF	ICATE OF	DEAT	H I	MEN IAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last,)						2. DATE (OF DEATH			3. TIME OF DEAT	TH
	GEORGE EU	GENE		CI	ROWE			монт н 0 6	7	AY	GEAR 3	2:14	Ъ.,
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 2	ou ume	7. DATE O				NPLACE (State or Fo	101
	229-48-5750	1 (3 M 2 □ F	53	YRS.	MONTHS DAYS	HOURS	MIN.	(Month,	Day, Year)	0.0	Count	ry)	oreign
	9a. FACILITY NAME (If not institution, give			mo.				10	21	39		ginia	
œ					9b. CITY, TOWN			EATH		9c. COL	NTY OF D	DEATH '	
0	6401 LOCH RAVEN BLVD. BALTIMORE												
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
<u><u> </u></u>	Maryland			IOC. GI								10d. INSIDE CITY LIMITS?	′
7	104. STREET AND NUMBER				Baltimo							1 X YES 2	NO
RA	6401 Loch Raven	DT I	226		10	. ZIP CODE						WHAT COUNTRY?	
NE		-				2123					.S.A		
FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married		YES 2 VN		13. WAS DEG	ENDENT OF	HISPAN Mexical	ANIC ORIGIN? (Specify Yes or No— 14. RACE — America can, Puarto Ricen, atc.)				k, White, alc.	en,
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 🗌 YES	2 📉 NO	Specify	y:			Spec	"White	
	15. DECEDENT'S ED	16a DEC	DECEDENT'S USUAL OCCUPATION 165. KIND (WIIICE		
TE	(Specify only highest grad	le completed)	(Gh	(Give kind of work done during most of working life. Do NOT use retired.)				160.	KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		ales					Automo	+ i ^			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		- 0	ares	man								
	The second secon	CDOLLE							iddle, Maiden	,	_		
BE	Robert Muress 19a. INFORMANT'S NAME (Type/Print)	CROWE				Anni		Virg		HOG			
2	THE PERSON OF TH				ADDRESS (Street					n, State, Zi	Code)		
	Maxine T. Hudgin	ns			0 Beaver		, VA	230	_				
	1 ScBuriel 2 Cremation 3 Rer	noval from State			OF DISPOSITION (Na ther place)	ame of		OATE		CATION —	2000		
	4 Donation 5 Other (Specify)		Winds	or G	ardens				Ma	thew	s, V	A	
	21. SIGNATURE OF FUNERAL SERVICE	DENSEE			HUBBAI				E TN	IC			
	Town (mich				Wilke					MD	21229	
	23. PART i, Enter the diseases, pr	complications that	caused the dea	th. Do r	ot enter the mo	de of dylne	a. suct	h as cardi	ac or respi	ratory ar	rest.	Approxima	tte
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cause	e on each line.									Interval B	etween
	disease or condition	A	PARKE		As C	-1 1	0 -	/.	1	12	. 0	Onset and	Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. Due TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death												
_													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):												
Z	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or injury that initiated evente	DUE TO (C	R AS A CONSECU	UENCE OF	7):								
ᇤ	resulting in death) LAST	d.											
	DARTH ON A SHEET												
Y.	PART II. Other significant condition		eath but not re	aulting	n the underlyln	g cause giv	ven in l	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FI	
음	Muschler	Dystrop	1-4						1 TYES 2			COMPLETION DE CO	
W		<i>V</i>						_ 1	/			1 YES 2 P	10
ż								_					
ĕ l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEA	ATN (Che	eck only one					
PHYSICIAN: MEDICAL	1√ YES 2 □ NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Non	o 5)(∐)Řesid	Idence	a 🗆 Other	(Specify)				
ξl	27. MANNER OF DEATN	28a. DATE OF IN (Month, Day,		28b. TIM	E OF 28c. INJ	URY AT			RIBE NOW I	NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation	(Midniti, Day,	rear)	INJ		RK? /ES 2 🗌 I	NO						
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY At hom	ie, farm, s	treat, factory, offic	1		281. LOCAT	ION (Street a	and Number	or Rural F	Route Number,	-
COMPLETED	4 Homicide determined	bunuing, et	c. (Specify)				İ	City or	Town, State)				
٦	29a. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best of m	y knowledge des	th occurre	d at the time, date	and plans a		4. 4			_		
Ž	(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of axer	mination and/or in	westlastio	n. In my opinion d	and place, a	at the t	time dete e	e(a) and man	d due to th	ed,	\ aad	
	295 SEMATURE AND TITLE OF CERTIFIE				.,y opinion, 0				na piace, an	o oun 10 If	re cause(s	y and manner as st	eted,
H	THE AND TITLE OF CERTIFIE	7 25 10	1.0			29c. LICEN						(Month, Day, Year)	
၉	- wur	WENL	MU			0.	C. IV	1.E.			70/1	2/93	
	30 NAME AND ADDRESS OF BERCON	AN ANAMA ETTER ANTI-	Off Belleville										
	The state of the s											J 212	0.1
	THE FILE CHAPTER OF PERSON WITH	E, MD		Per		et,	Bal	Ltimo	ore,	Mar	ylar	nd 212	01

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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retained by	5 should b		notified a
6 may be	ector, page		must be
death. Page	funeral dir		examiner
hours after	ed in by the	or remova	medical
WITHIN 24	mpletely fills	cremation,	vent, the
De executed	ian and co	or to burial,	aumatic e
certificate	nding physic	Hygiene pri	or other tr
at the death	by the atte	and Mental	y injury, o
requires th	een signed	of Health	shows an
IN: The law	ficate has b	the State Dept. of	Item 23
I PHTSICIA	er this certi	th with the	narked, or
ALIENDIN	SCTOR: AN	rs after dea	m 28 is marked, o
Selle o	MERAL DI	ithin 72 hours after	開
THE P	THER	Ge Sled w	IMPORTANT:

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND		YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH	
	ANDR	EW H	ENRY	DeMA	RTIN	June	DAY	1993	4:45 A. M	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I			HPLACE (State or Foreign	
	213-07-3913	1 X M 2 D F		IONTHS DAYS	HOURS MIN.	(Month, De	ly, Year)	Coun	hry)	
- 1	9e. FACILITY NAME (If not institution, give st			AL CITY TOWALC	7.100171011.05.0		4-191		Maryland	
Œ	and a second of second									
DIRECTOR	3814 Southern Ave. Baltimore City									
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY	
등	Maryland	Baltimore	2		Mille	ers Isl	and	LIMITS?		
	10e. STREET AND NUMBER						1 YES 2X NO			
A	2809 Fourth Stre		101	ZIP CODE			WHAT COUNTRY?			
FUNERAL					21219			d States		
丑	11. MARITAL STATUS 1 Never Married 2 1 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPA			No- 14. RAC	E — American Indian, k, White, etc.	
A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES			1, 010.7	Spec	Mes	
								- 1	White	
門	15. DECEDENT'S EDUC (Specify only highest grade	15. DECEDENT'S EDUCATION 18e. DE (Specify only highest grade completed) (G				16b. KIN	D OF BUSIN	IESS/INDUSTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i							
F	8th Grade		Longsi	horeman			Tract	ior Driv	er	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Meiden Surname)							
BE (Julius DeMartin				Anna	Januch	owski	,		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street e	nd Number or Rural	Route Number, C	City or Town,	State, Zip Code)	01010		
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2809 Fourth Street Millers Island, Mi								aruland 9	
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	DISPOSITION /No.	med	DATE		TION — City or To		
	1 Surial 2 Cremation 3 Remo		TOLY ROSO						, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE		long Rosa	7	O ADDRESS OF FA		Da	willow te	, Marcy carra	
- 1	./////	1/4	///	ZZ. NAME AN	ADDRESS OF PA	Du	ndalk	Maryla	nd 21222	
	(has !	WITE	9/	Duda-	Ruck Fur	neral H	ome. I	nc. 79	22 Wise Ave.	
	23. PART I. Enter the diseases, or co	omplications that ceused	the deeth. Do not	enter the mo	de of dying, suc	h as cerdiec	or respirat	tory arrest,	Approximate	
	iMMEDIATE CAUSE (Fine)	List only one ceuse on ea	ich line.						interval Between	
H	disease or condition resulting in death) s. Metastatic Squamous Carcinoma 4 mos									
_	The state of the s									
<u>ō</u>	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
Ă	cause. Enter UNDERLYING									
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
	resulting in death) LAST		,						j l	
CERTIFICATION										
A	PART ii. Other eignificent conditions	contributing to deeth be	ut not resulting in	the underlying	ceuee given in	Part i. 24a	. WAS AN AU		. WERE AUTOPSY FINDINGS	
<u></u>							PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC						_ '	YES 2	(NO	OF DEATH?	
≥								1	1 TYES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL									
ᅙ	EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
ΥS	1 - YES 2 0	1 Inpetient 2 ER/Outpe			Residence	8 Other (Sp	ecify)			
ᇤ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU		28d. DESCRIE	BE HOW INJU	URY OCCURED		
≧	Natural 5 Pending 2 Accident Investigation				ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stre	et, factory, office		28t. LOCATION	N (Street and	Number or Rural i	Route Number,	
#	4 Homicide determined		.,,			City or To	WII, SINO)			
COMPLET	290. CERTIFIER CERTIFYINO PHYSIC	CIAN: To the best of my knowle	edge, death occurred	at the time data	and place and d	to the except of	and			
Ž	one) 2 MEDICAL EXAMINER	R: On the basis of exemination	end/or investigation	in my pointon de	one prece, and the	time detected	end menne	r ee stated,		
႘		,	and the second second	ary opinion, u	occurred at (III)	unite, date end	pasce, end d	IUW TO THE COUSE(I	e) and manner es stated.	
	296. SIGNATURE AND TITLE OF CONTIFIER	0 11	0		29c. LICENSE NUI	MBER	2		(Month, Day, Year)	
0	Howard.	Doub	nd mo		256	5127		6-1	0-93	
-	30. NAME AND ADDRESS OF PERSON WHO						-			
	Howard Freeland,	M.D. 5601	Loch Rave	en Blvd.		3rd I	Floor			
	31. DATE FILED (Month, Day, Year)	TOTAL DEVISION - PO	TURE							
2	JUN 1 4 1993 9	rupe varidon 1/5	indetta							

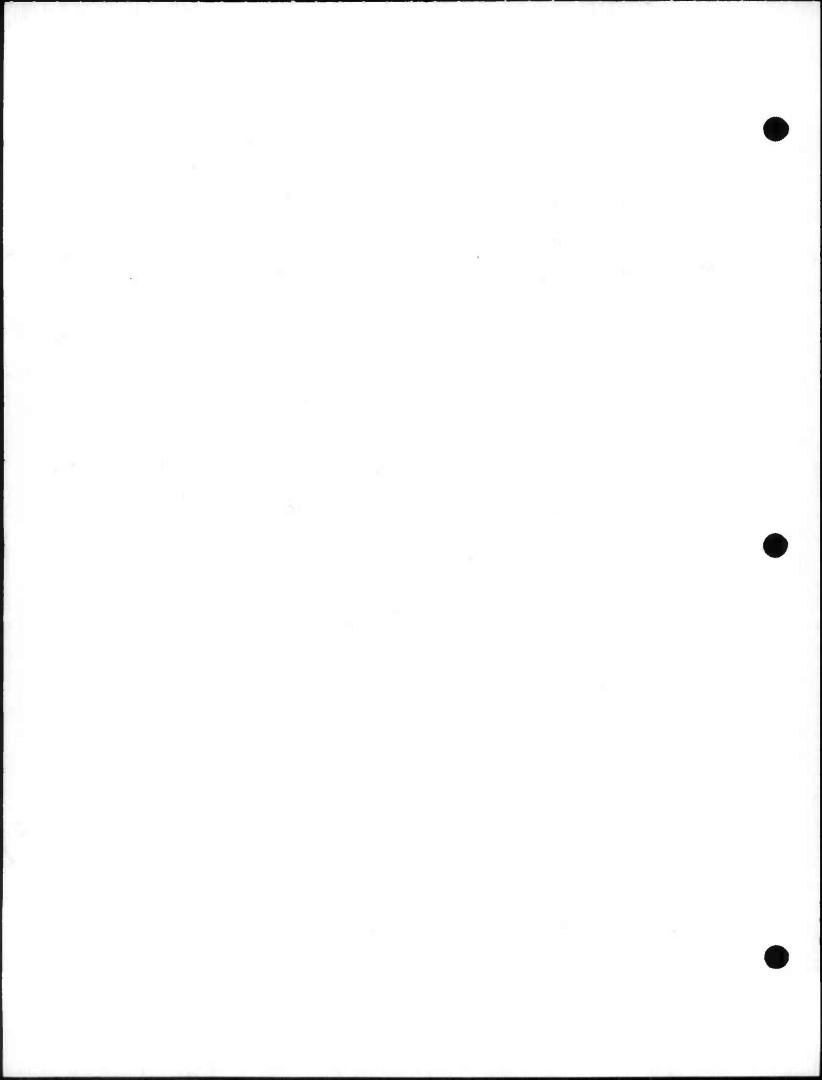
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ng physician.	he burial-transit permit. P	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Deor, of Health and Mental Hotiene prior to bunal, cremation, or removal.	tiffed at once.
s after death. Page 6 may be r	by the funeral director, page 5 emoval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
te be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal,	traumatic event, the me
equires that the death certifica	en signed by the attending phy of Health and Mental Hydiene	hows any Injury, or other
NDING PHYSICIAN: The law re	: After this certificate has been death with the State Dept. of	is marked, or item 23 si
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR be filed within 72 hours after	IMPORTANT: If Item 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAN		- OI	CRIII	ICALE	IF DEA	ПП	REG. NO			
1 8	1. DECEDENT'S NAME (First, Middle, Las)						2. DATE OF DEATH	AY Y	YEAR 3	3. TIME OF OEATH
	John C. D	ulev Sr						6 10			5:15 p.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE	IF UNDE	R 24 HRS.	7 DATE OF BIRTH			LACE (State or Foreign
1 0	215-03-6295	1 24 M 2 □ F	78	YRS.	MONTHS DAY		MIN.	Nov. 8, 19	1/4 1	Country)	land
-	Se. FACILITY NAME (If not institution, give					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	Meridian Bright	wood			Broo	klandv	/ille		Balt:	imor	e
5	RESIDENCE OF DECEDENT										
12	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCATION 10d. IN					IOd. INSIDE CITY LIMITS?	
<u>=</u>	Maryland Bal	timore		To	wson						YES 2 T ND
1	10e. STREET AND NUMBER					101. ZIP CO	ne .		10a CITIZE		
FUNERAL	413 Carolina R			212			10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
N	11. MARITAL STATUS									.A.	
5	1 Never Married 2 Married	12. WAS DECEOEN FORCES? 1	TEVER IN U.S. AR		13. WAS	DECENDENT	OF HISPANI	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	8 or No 14	I. RACE -	- American Indian, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W				ES 2 ND				Specify:	
					1					W	hite
Q3.	15. DECEOENT'S ED (Specify only highest green)	UCATION de completed)	16a, OE	CEDENT'S	USUAL OCCUP	ATION		16b. KINO OF BU	SINESS/INDUS	TRY	
m	Elementary/Secondary (0-12)	College (1-4 or 5+) iffe.	Do NOT us	vork done during se retired.)	most or work	ang				
ם	12	4		duct	ion Pla	nning	Manage	er Procto	or & Ga	amb1	e
COMPLET	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Malden			
	John Duley							n Callahai			
BE											
ဥ	19a. INFORMANT'S NAME (Type/Print)	T	191	b. MAILING	ADDRESS (Stre	et and Numbe	er or Rural R	oute Number, City or Tox	n, State, Zip Co	ode)	
-	John C. Duley,	Jr.		100/	Hende	rson I	Rd.,	Bel Air, 1	4d. 21	014	
	204 METHOD OF DISPOSITION		20b. PLACE	ANODATE	OF DISPOSITION	(Name of		DATE 20c. LC	CATION — CIT	y or Town	n. State
	1 Seurial 2 Cremation 3 Re 4 Donation F Other (Specify)	moval from State	cemetery, cre	matory or o	ther place)		~ -	6/14/93			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Durlar	ev v	alley	Mem. (Time	onlu	m , Md.
	. 1 . 1 60		/ //		ZZ. IVANI	AND ADDRE	ESS OF PAC	1050 Yo	ck Pd	212	04
	Kerald (1. Balle	the.		D.	rak ma	or record	Funeral I			
	23. PART I. Enter the diseases. Di	complications that	caused the de	ath Do r	ot enter the	mode of d	dan evek	runerar i	TOILLE,	THE.	
	snock, or heart failure. List only one cause on each line.										Approximats interval Between
	IMMEDIATE CAUSE (Final Onset and Dea										Onset and Death
	disease or condition - Respiratory Tailure										
	disease or condition - s. Respiratory Failure Inned. Due to or as a consequence op:										
-	Sequentially list conditions to Lung MASS										
CERTIFICATION	Sequentially list conditions,	b. DUE TO	DR AS A CONSE	DUENCE OF	>						-
¥	if any, leading to immediate cause. Enter UNDERLYING	Pa	11/10			,					j
[유]	CAUSE (Disease or injury	c. DUE TO	DR AS A CONSEC		once						
E	that initiated events resulting in death) LAST	502 101	DN AS A CONSEL	OENCE DI	7:						
1 1 1		d									
	PART ii. Other aignificant condition	one contribution to	death but not n	naultina i	in the underly	des seus	ahaa ta f	had I as unass		L	
EDICAL				eauting t	ii the under	ring cause	given in F	Part I. 24a. WAS AN			MAILABLE PRIOR TO
ıĕ		einer's						1 _ YES :	D-110		OMPLETION DF CAUSE OF DEATH?
ME											YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL	T		_	26	PLACE OF E	DEATH MA	ok only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:			,,			
₹	27. MANNER OF DEATH	1 Inpatient 2					lesidence 8	Other (Specify)			
F		28s. DATE OF (Month, De		28b. TIMI INJ	E OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW	NJURY OCCUP	RED	
À	1 Natural 5 Pending 2 Accident Investigation		2000		M 1[YES 2 [□ ND				
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At ho	me, ferm, s	treet, factory, o	ffice		281. LOCATION (Street	and Number or	Rural Rou	ite Number.
0	4 Homicide determined	bunding,	ntc. (Specify)				- 1	City or Town, State;			
W.	29a, CERTIFIER										
를	(Check only										
COMPLET	one) 2 MEDICAL EXAMIN	IER: On the basis of ax	amination and/or i	nvestigatio	n, in my opinio	n, death occu	red at the t	lme, deta and placa, ar	d due to the c	:suse(s) s	ind manner as stated.
	290. SUMMATURE AND SOCIE OF CHATTER	EB/ Or				29c 140	ENSE NUM	BER	29d. DATE S	IGNED (footh Clay Years
H	1000	Mus					770	176	A C	1	Onto, Day, Hear)
2	30. WAME AND ADDRESS OF FERSON Y	HO COMP				12	< > 0	27	9	11)	147
"	/		E OF DEATH (ITEM	W 27) (Type,	Print)						1
	Albert Deloskey	M.D.	660	Keni	lworth	Drive	3	21204			
	31. DATE FILED (Month, Day, Year)		S SIGNATURE								
12	IIIN 1 4 1002	Julia Davida	~ Randa	L							
		The same of the									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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296. SIGNATUREDAND TITLE ON CERTIFIER 29d. DATE SIGNED	Rural Route Number,
P 30. NAME AND ADDRESS/OF/PERSON/WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)	Rural Route Number,

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	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 state. Dect. of Health and Mental Hyrilene notor to burial commarism or named	
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NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	ifter this certificate has been signed by the attending physician and completely eath with the State Dent. of Health and Mental Hynians prior to hurial crematical	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AN: TI	tificate State	r iten
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BALTIMORE, MARYLAND 21215-0020

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIMISION OF VITAL RECORDS, P.O. BOX 68760,

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MANUE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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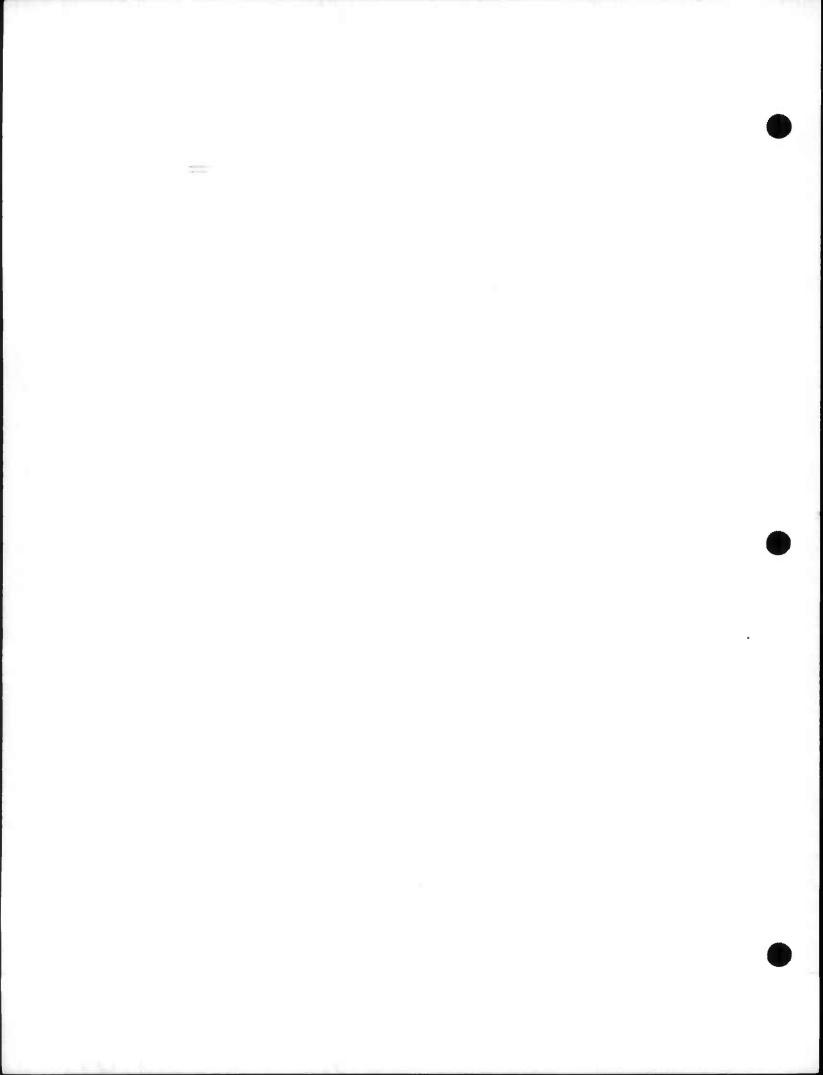
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Richard Denhardt 06 10 993 0317 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 216-36-6357 DAYS HOURS MIN (Month, Day, Year) XXX 2 □ F 54 VRS Balto, Md Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR City Union Memorial Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 12 YES 2 NO Md City Baltimore 10a. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 323 West 27th Street 21211 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea anactiv Cuban, Maxican, Puerto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1√YES 2 □ NO IF YES, GIVE WAR DR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Ri
1 YES 2 ND Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White 57 - 60COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) St. of Maryland 12 +Electrician 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Phillip Denhardt Inez Elizabeth Denhardt BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth Denhardt 323 West 27th Street Balto, Md 21211 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Metro Crematory 6/14 Catonsville, MD 22. NAME AND ADDRESS OF FACILITY Burgee-Henss 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Funera1 Home 3631 Falls Rd. Balto, Md 21211 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE DE) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO 1 TYES 2 NO Inquiry PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

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2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e, PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 X MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 06 10 1993

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) -93 93 2. DATE OF DEATH 6 - 7 3. TIME OF DEATH ELLA L. DUFFY ELA)UFFY 0150 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 9-11-1905 579 18 8917 1 M 25 F MONTHS DAYS 87 Iowa 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove DIRECTOR Rockville Montgomery Co RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Montgomery Co Rockville 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1235 Potomac PotomacValley NurHm 20850 Valley Rd USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Sales/Food 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen Schaffer 1300 N. HancockSt, Lake City, Iowa 51449 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, State netery, crematory or other place, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROn a 1 d 22, NAME AND ADDRESS OF FACILITY Wade, Dir State Anatomy Board 6/10/93 655W.BaltimoreSt, Balto, MD21201 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition SEPTIC SHO SHOCK SHOCK LIVER reaulting in death) 12 ham INTRA ABDOMINAL SEPSIS MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING ISCHAEMIC BO DUE TO (OR AS A CONSEQUENCE OF): BOWEL DISEASE CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? ATRIAL FIBRILLATION COMPLETION OF CAUSE 1 TYES 2 8 NO OF DEATH? PACEMAKER 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 00A ne 5 🗆 Rasidence 6 🗀 Other (Specify) 4 Nursing He 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mam 35941 67.93 2

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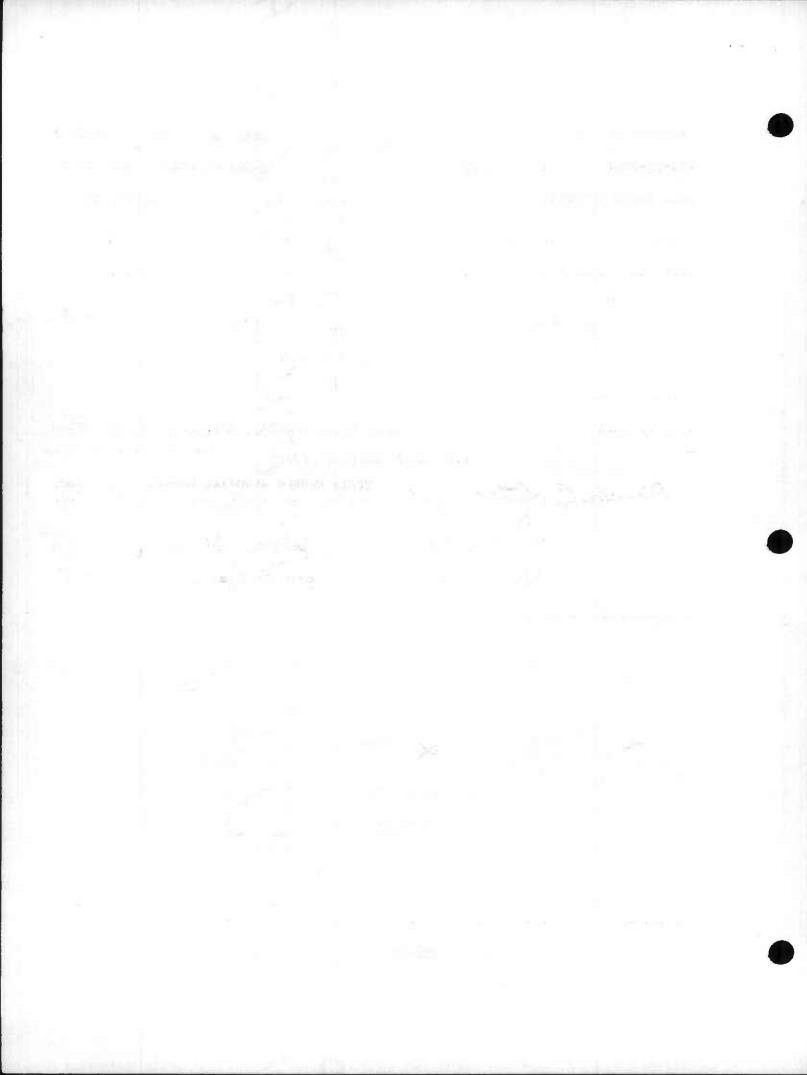
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYL	AND / DEP	ARTMENT O	F HEALTH	AND	MENTAL	HYGIENE
	CERT	IFICATE (OF DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALT		NTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, HERBERT DVORK)			1000		DATE OF DEATH HONTH DAY	993 3. TIME OF DEATH 12:40 A		
4. SOCIAL SECURITY NUMBER 158-05-7901 98. FACILITY NAME (If not institution,	1√2 M 2 □ F 73	YRS. MO	UNDER 1 YEAR IF UNINTHS DAYS HOUR	DER 24 HRS. 7. I	DATE OF BIRTH (Month, Day, Year) ARCH 11,1920	B. BIRTHPLACE (State or Foreign Country) NEW JERSEY UNITY OF DEATH		
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15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		Iffe. Do NOT use re	done during most of wo	166. KIND OF BUSINESS/IN				
17. FATHER'S NAME (First, Middle, Las	0				First, Middle, Maiden Surname)			
NATHAN DVORKIN 100. INFORMANT'S NAME (Type/Print) TOBY DVORKIN		196. MAILING AD	DRESS (Street and Nurr	PHIE KA	Number, City or Town, State, 2	MARYLAND 20901		
20s. METHOD OF DISPOSITION	F DISPOSITION Cremation 3 Removal from State 20c. PLACE OF DISPOSITION (Name of cemelary, crematory or Charles) 20c. PLACE OF DISPOSITION (Name of cemelary, crematory or Charles)							
21. SIGNATURE OF FUNERAL SERVICE	C Statte	nuer	STEIN HE	BREW MU	EMORIAL FUNE REFT NW WA	RAL HOME, INC. SHINGTON, D.C.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	A CONSEQUENCE OF):	enter the mode of	dying, such as	cardiec or respiratory a	Approximate Interval Betwee Onset and Des		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other algorificant cond	litiona contributing to death	but not resulting in t	he underlying caus	e given in Par	24a. WAS AN AUTOPST PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	- / 0	26. PLACE O	F DEATH (Check o	only one)			
1 Inpatient 2 ER/Outpetient 2 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 ND								
2 Accident Investige 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE DF INJUR building, etc. (Spe	Y — At home, farm, stre-			I. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,		
	PHYSICIAN: To the best of my know					tated. the cause(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CER	Detrois .		299.1	ICENSE NUMBER	5 6 P 20d. D/	ATE-SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON SAMUEL ITSCOIT				TF 304	STIVED SDDT	20902-5006 MG MARVIAND		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		LIVAL, SAL	200,	SILVER SIKI	INO, MINNY LAND		



DHMH-16 Rev 1/89

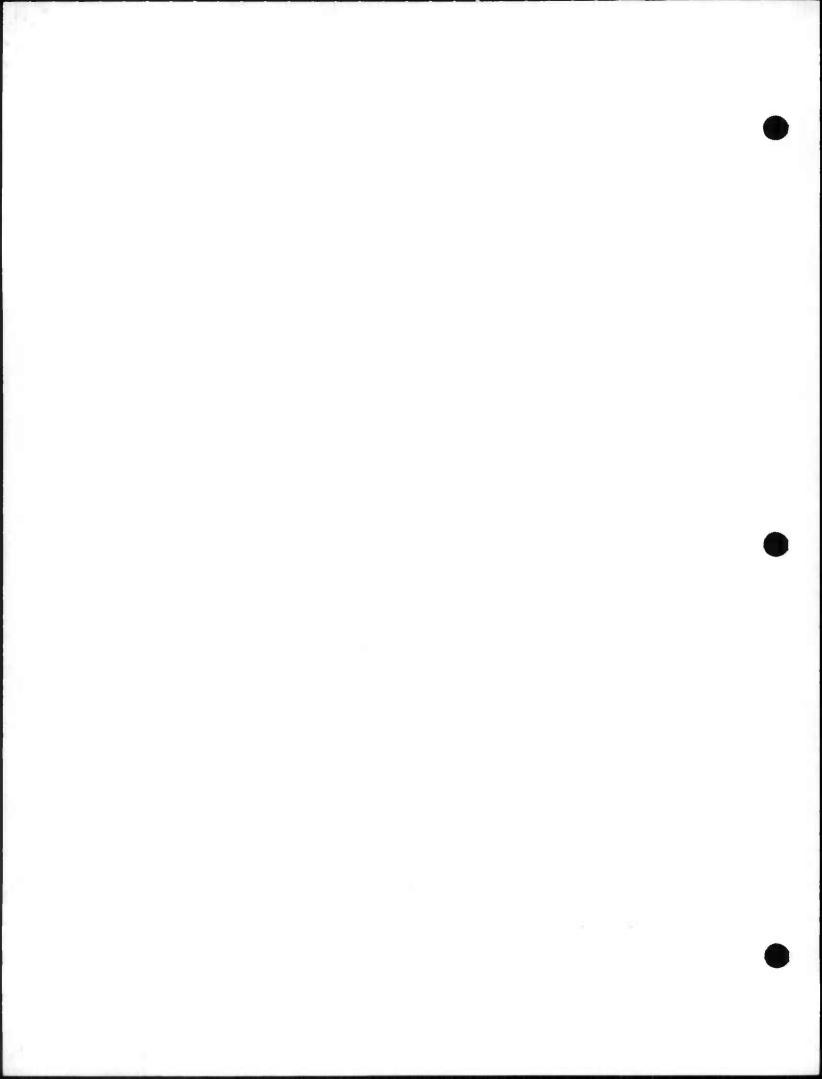
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE	OF HEALTH AN	ND MENTA	AL HYGIENE REG. NO.	0 1/100	
	BOCIAL RECURSTY NUMBER 537-09-386	Augustin		YEAR IF UNDER 24 H	IRS. 7. DATE	7 9	3. TIME OF DEATH 3. SIME OF DEATH 3. BIRTHPLACE (State or Foreign County)	
TOR	9a, FACILITY NAME (If not institution, give	o street and number)		TOWN OR LOCATION OF	OF DEATH		ty of DEATH)	
AL DIRECTOR	Maryland I	altimore	10c. CITY, TOWN OR LOCATION TOWSON				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2300 Dulaney Va	alley Road			21204		U . S . A . 14. RACE — American Indian,	
D BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1X YES IF YES, GIVE WAR OR DAT	2 NO If 1	res, specify Cuban, M YES 2 X NO S			Black, Whita, atc. Specify: White	
	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done dur We. Do NOT use retired.) Religious S	ring most of working	16	Religious		
111	17. FATHER'S NAME (First, Middle, Last) Richard Ettel	.t		Ma	ary C	Middle, Maiden Surname) Rossell		
TO TO	19a. INFORMANT'S NAME (Type/Print) Patricia Harbin 30a. METHOD OF DISPOSITION	20h 5	2300 Dulan	ey Valley	Rd.	Towson, Mar	ryland 21204	
examiner must be	20b. PLACE AND DATE OF DISPOSITION A Burley 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 21. SIGNATURE of FUNERAL SERVICE AICENSEE 22. NAME AND ADDRESS OF FACILITY 6500 York Rd. Balto. George J. Ferrarse 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, crematory or other place) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery) 20c. LOCATION — City or Town, Stata							
ia, cremation, or removal.	23. PART I. Enter the diseases, o		the death. Do not enter the					
Hygiene prior to burial, or other traumatic en SRTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A C	CONSEQUENCE OF):					
of Health and Me hows any inju MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMACOY 1 VEB 2 M NO						24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO	
with the State De Ked, or Item 2 PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ERVOutpet 28s. DATE OF INJUST (Morth, Day, 1967)	Bent 3 □ BOA GTHER: 4 □ Nursin 28b. TIME OF 36 INJURY 36	26. PLACE OF DEATH g Home 5 Theside lc. INJURY AT WORK? 1 YES 2 NO	nce 8 00h	11.	CE	
hours after death with Item 28 is marked, PLETED BY PH	2 Accident Investigation 3 Succide 6 Could not b determined 29e. CERTIFIER	28e. PLACE OF INJURY / building etc. (Special	At home, farm, street, factory	, office	28f. LOC City	CATION (Street and Number of or Reen, State)		
within 72 TANT: If COM	(Check only 1 CLERTIFYING PHY	SICIAN: To the best of my spooling NER: On the basis of examination:	antifor investigation, It an opin	s, date and place, and sion, death occured at 25c. LICENSE	f the time, det	s and place, and due to the	cause(s) and manner as stated.	
imPor TO BE	30. NAME AND ADDRESS OF PERSONA		OH (ITEM 27) (Type, Print)	D 155			5/08/93	
2	E. Nakhuda M.D., 31. DATE FILED (Month, Day, 16er)	32. REGISTRAR'S SIGNAT		Towson,	Md 212	204		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

							4 4 24 2 1	用食品	6 /5
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	EALTH AND	MENTAL HYGIE	NE "	93	17181
	1. DECEDENT'S NAME (First, Middle, Last) Viola		LER		8	2. DATE OF DEATH MONTH	92 0		ME OF DEATH
	218-18-4500	1 □ M 2 🖾 F 74	In yrs. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan 01	919	e. BIRTHPLAC Country) Maryla:	E (State or Foreign nd
TOR	96. FACILITY NAME (If not institution, give stree St. Agnes Hospita RESIDENCE OF DECEDENT	,		Balti	EATH	9c. COUN	ITY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY Maryland		14,00	n town on Local					INSIDE CITY LIMITS?
FUNERAL	10e, STREET AND NUMBER 1516 Parksley A	venue		10	21230	110 YES 2 NO 109. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPA ecity Cuben, Mexico 2 X NO Specia	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	es or No-	Black, Whi	mericen Indian, te, etc. White
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co	TION mpleted) College (1-4 or 5 +)	16a, DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION done during me e retired.)	ON ast of working	16b. KIND OF B	USINESS/IND		MILLE
OMPL	Special Ed.School 17. FATHER'S NAME (First, Middle, Last)		Homem	aker	18. MOTHER'S NA	Home	maker		
BE	Alfred M. FOWLER 19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	Lill:		EWIS	Code)	
70	Elsie P. Fowler	20b.	1516	Parks1	ey Ave, I	Baltimore,	MD :	21230	Parto.
-	t Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	of from State	edar Hil	I Cemete	TY NO ADDRESS OF FA	6/15 Br			
	Horis & S	mill	·	4107	Wilkens	RAL HOME, Ave, Balt	imore		21229
	23. PART f. Enter the diseases, or cor shock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	pplications that caused at only one cause on ea	ich iina.	ot enter the mo	de of dying, suc	thes cardisc or res	piratory arm		Approximate interval Between Onset and Death minutes
NO	Sequentially list conditions.		is, acut	•					hours
TIFICATION	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due To (OR AS A CONSEQUENCE OF): Necrosis of small intestine with perforation Due To (OR AS A CONSEQUENCE OF):								
CERTI	resulting in death) LAST d. Metastatic adenocarcinoma, overy, right							i	years
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions of	contributing to death bu	at not reculting in	n tha undariyin	g cause given in		N AUTOPSY PRMED? 2 NO	AVAIL COMP OF DI	AUTOPSY FINOINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
SICIAN		10SPITAL:	itlent 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 XXNaturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	OF 28c. INJ		28d. OESCRIBE HOW	INJURY OCC	URED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 289. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)							or Rural Route A	lumber,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIA 2 MEDICAL EXAMINER: 0	N: To the best of my knowled	edge, death occurre	d at the time, date	end place, end due	to the cause(e) end m	mner as state	d. ceuse(e) end (menner ee stated,
TO BE	29b. SIGNATURE AND TITLE OF GERTIFIEB	Pole 3	an 1	D	DO9990		29d. DATE	6/12/9	
	Dr. MichaelE. Pelc 31. DATE FILED (Month, Day, Year)		nes Hosp		00 Caton	Ave, Balt	imore	, MD 2	1229
3	JUN 1 4 1993 4	ha Davidon A							

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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

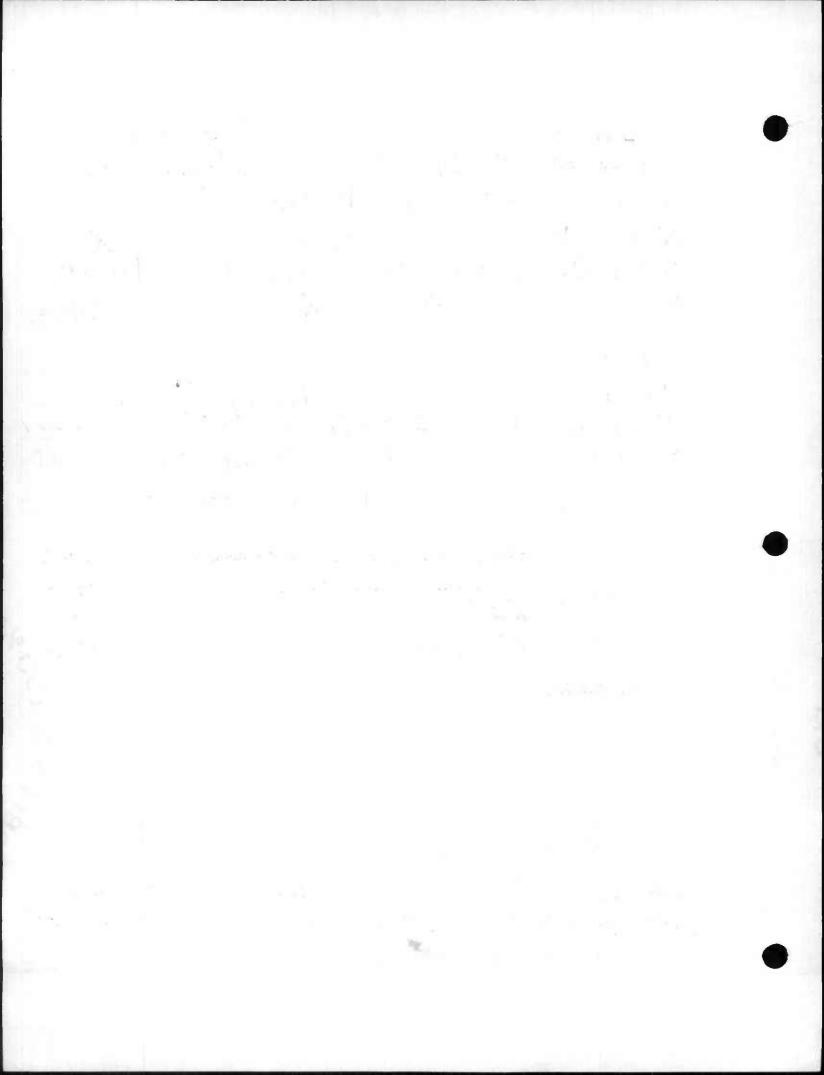
Mandalle.

a Devidson

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S 2. DATE OF DEATH 3. TIME OF CEATH NdA Green 10 6 0:55 A " 8. BIRTHPLACE (State Country) 5. SEX 6. AGE (In yrs. last birthday) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 68-3600 L 1 M 2 the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, 9c. COUNTY OF DEATH FUNERAL DIRECTOR rancis GOTT RESIDENCE OF DECEDEN STATE 10c. CITY, TOWN AR LOCATION 10d. INSIDE CITY Daltimore YES 2 HO 104. STREET AND NUMBE 10f. 2 10g. CITIZEN OF 09 apt mea hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. TAMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Juban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc., 1 Never Married 2 Marr YES, GIVE WAR OR DATE BY 4 Divorced 19CK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meid nknown BE 198. INFORMANT'S NAME (Type Print) MAILING ADDRESS (St 2 09 MP. 21207 e imea LO 99 METHOD OF D SPOSITION 20b. PLACE AND DATE OF DISPOSITION (NE 20c. LOCATION must OATE 2 🗆 ation 3 🗆 Ran Star cemetry crematory or liber place) Ca-☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4300 wags ele, March Home-west tunera medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, this certificate has been signed by the attending physician and completely filled in by it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death Item 23 shows any Injury, or other traumatic event, the disease or condition Yolymicrobial Seesis Wack resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO (OR AS A CONSEQUENCE OF): peto SPONILIA

DE TO COMAS A CONSEQUENCE OFF MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 4ID CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 7-10405 ection PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? CMV retinition 1 | YES 2 | NO OF OFATH? 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence 8 Other (Specify) 4 Nurs 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 8 Could not be COMPLETED 28 4 Homicide THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS DE filed within 72 hours at IMPORTANT: If Item 2 29e. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firme, data and place, and due to the cause(a) and manner as stated. AL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. LE OF CEMPTER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD D4141 2 PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 30. NAME AND otland



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OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pay	
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DIVISION OF VITAL RECORDS, F.C. BOX COLORS after death. Page 6 may be retained by the hospital or attending prystocian.

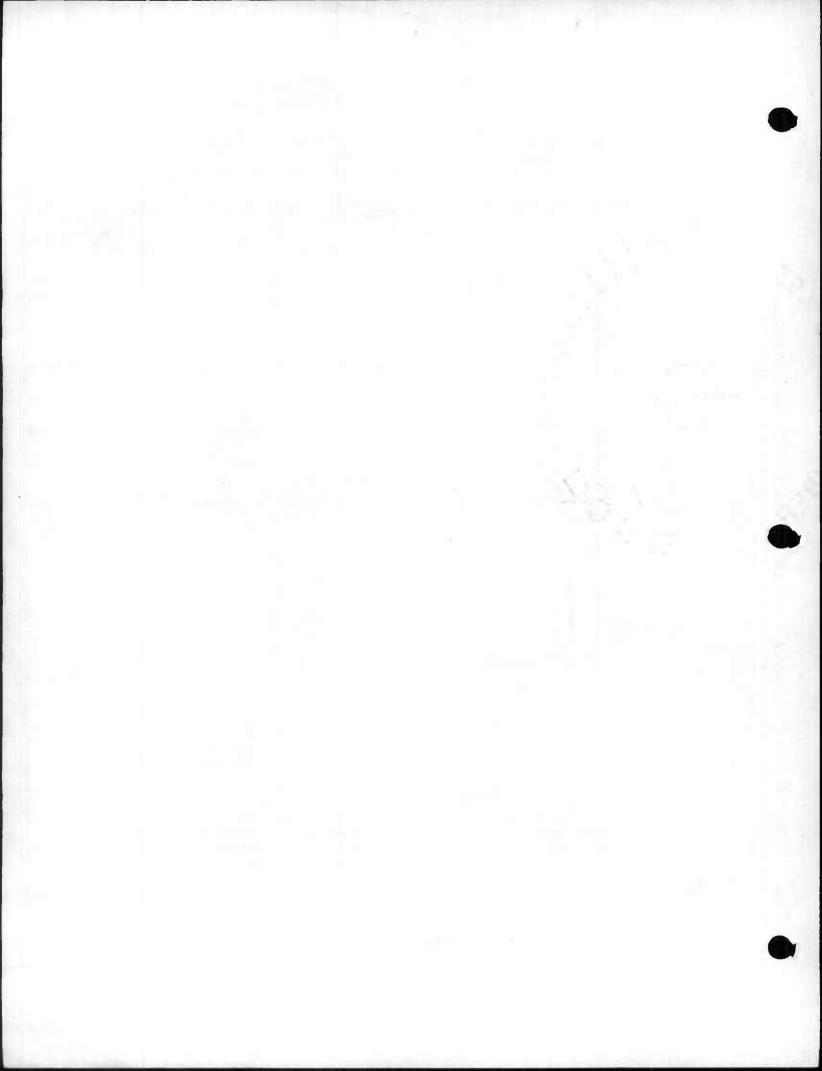
TO THE FUNERAL DRECTOR: After this certificate has been signed by the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

YGIENE	93		8
C NO			

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND MEI	NTAL HYGIENE REG. NO.	3 17183		
1. DECEDENT'S NAME (First, Middle, Li	ast)		DATE OF DEATH	3. TIME OF DEATH		
Joseph L	eroy Gray			13 12120 P M		
4. SOCIAL SECURITY NUMBER 215-34-7704			DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)		
Sa. FACILITY NAME (If not institution, g	Pichie House	96. CITY, TOWN OR LOCATION OF DEATH		OF DEATH		
RESIDENCE OF DECEDENT		KMM				
10a. STATE 10b. COL	JNTY 10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER H 408 M	pravia Rd	101. ZIP CODE 2/209	10g. CITIZE	N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC O	RIGIN? (Specify Yea or No	Black, White, etc. Specify: Black		
15. DECEDENT'S (Specify only highest g		rk done during most of working	16b. KIND OF BUSINESS/INDUS	TRY		
17. FATHER'S NAME (First, Middle, Last)	Pabb	18. MOTNER'S NAME (First, Middle, Malden Surname)			
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street and Number or Rural Route	Number, City or Town, State, Zip Co	ode)		
Mane (Villians 1003	, o ora esce	e St Bal	11212 pm, ch		
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 5 4 Donation 6 Crematical	Comology, Cromatory of days		SIGN LOCATION - CH	y or Town, State		
21. SIGNATURE OF PENERAL SERVICE	in Chran	22. NAME AND ADDRESS OF FACILITY MONEY C. H.				
shock, or heert felly IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentisity list conditions, If any, leading to immediate	or complications that ceused the desth. Do no re. List only one ceuse on each line. e. Cardio FESD (50) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	toy Arres	,	t, Approximate interval Between Onset end Deeth		
cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significent condi	tions contributing to deeth but not resulting in	the underlying ceuse given in Part	I. 24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 ANO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO		
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATN (Check o	nly one)			
EXAMINER?		OTHER:	- 11	proc		
27. MANNER OF-DEATH 286. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)						
2 Accident Investigation 3 Suicide 6 Could not determine	be 28s. PLACE OF INJURY — At home, farm, str. building, stc. (Specify)	M 1 YES 2 NO eet, factory, office 28f.	LOCATION (Street and Number or City or Town, State)	Rural Route Number,		
29a. CERTIFIER 1 CERTIFYING PI	NYSICIAN: To the best of my knowledge, death occurred					
2 MEDICAL EXAM	MNER: On the beals of examination end/or investigation,	In my opinion, death occured at the time,	date end place, and due to the c	suse(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFICATION	nlitte	29c LICENSE NUMBER	3 29d. DATE S	IGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P	rint)				
31. DATE FILED (Month) Day, Year)	2. MEGISTRAR'S SIGNATURE					



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	ages .
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 Yours after death. Page 6 may be retained by the hispital or attending physician.	IN THE CONTROLL After this cermicate has been signed by the attentioning physician and completely lined in by the funderial direction, page 5 should be detached for use as the buna-transit permit. Fages the control of the fault has the fact bund of the control of the fact and the fact that the market has market as a market as the control of the market as a page.

31. DATE FILED (Month, Dily, Year)
JUN 1 4 1993

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	FOR STATE REGISTRAR		ERTIF	TMENT O	F HEALTH AND OF DEATH	MEN	TAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	J. VIOLET GARR		REN	/		ATE OF DEATH		year	Ωu
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. In	7 1 3	IF UNDER 1 YE		7. D/	TE OF BIRTH	-	B. BIRTHPLACE State or Foreign	1 m
	760	□M28F 81	YRS.	MONTHS DA		12	2/6/	12	Philadelph	HIA
	98. FACILITY NAME (If not institution, give street KESWICK	and number)		-	LTIMO		-	9c. COUNT	CX XX X XXX XX XX	•
6	RESIDENCE OF DECEDENT		T 40. 017	Y, TOWN OR L		K C		CONT	10d. INSIDE CITY	
DIRECTOR		/A		Baltimo					1 NVES 2 NO	,
	10e. STREET AND NUMBER			10f. ZIP CODE 10g. CITIZ					EN OF WHAT COUNTRY?	
FUNERAL	700 W. 40th S		SMED	13 WAS	21211 DECENDENT OF HISP	ANIC OR	IGIN? (Specify Yea	or No-	USA 14. RACE — American Indian,	_
	1XX Never Married 2 Married	PORCES? 1 YES 2NO. IF YES, GIVE WAR OR DATES	NO	If yo	s, specify Cuben, Mex YES 2/[V NO Spe	can, Pue	rto Ricen, etc.)		Black, Whita, atc. Specify:	
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	10N 16a. D	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/INDU	White	
13.	(Specify only highest grade con	mpleted) (1-4 or 5+)	Give kind of le. Do NOT u	work done durin se retired.)	g most of working					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Nurse	e & Pr	incipal	NAME /EI	Educa			
M M	Earl M. Garren						e U. Ast		h	
TO BI	19a. INFORMANT'S NAME (Type/Print) Earl M. Garren J				ook Road					
una para	200 METHOD OF DISPOSITION	other .	nlenel		Church C				ity or Town, State lle. Marvland	1
ll et	Saters Baptist Church Cemetery Lutherville, Marylar 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home									
Exa	Dennis Stephe	n Xenakis MC	0640	650	O York Ro	ad B	altimore	e,Mar	yland 21212	
	23. PART I. Enter the diseeses, or con shock, or heart fallure. Lis	nplications thet coused the out only one cause on each lie		not enter the	mods of dying, s	uch aa	cardiac or respi	ratory erro	Interval Between	reen
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lumo	lun	0.00					Onset and Da	astri
	1 tosulting in death)	DUE TO (OR AS A CONS	EOUENCE O	OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE (OF):						
FICA	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EOUENCE (OF):						
ERTI	resulting in death) LAST									
5	PART II, Other eignificant conditions of					In Part	I. 24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDII AVAILABLE PRIOR TO	
: MEDICAL	Severe His	herner's		1 Se a	10		1 🗆 YES 2	l 🗆 NO	OF DEATH?	
red, or item 23 snows any in PHYSICIAN: MEDICAL									1 TYES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		отныя:	26. PLACE OF DEATH	(Check or	nly one)			
TASI		☐ Inpatient 2 ☐ ER/Outpatient		4 Nursing	Home 5 Assiden			INJURY OCC	TURED	
BY P	27. MANNER OF DEATH 26a. DATE OF INJURY 1 Netural 5 Pending 2 Accident Investigation 26a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED									
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm	atreet, factory	, office	26f.	LOCATION (Street City or Town, State)		or Rural Route Number,	
COMPLETED	CHOCK UNITY	AN: To the best of my knowledge,	death occur	red at the time	, data and place, and	dua to th	e cause(a) and ma	nner as atat	ed.	
		On the besis of examination and/o	or Investigat	lon, in my opin			data and place, ar			ed.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	1) /wel	10		29c LICENSE DZZ	33	4	Þ /	2 Jane 93	
F	36 NAME AND ADDRESS OF PERSON WHO	ANDLETED CAUSE OF DEATH (F		e, Print)	700	,	40 5	Knt	+ Root	
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(David Gibbs Griffith) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH DAVID YEAR 67. 6 9 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. lest hirthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Ohio DAYS HOURS MIN. 301-32-5895 1√ M 2 □ F detached for use as the bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR North West Hospital Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Baltimore 10d. INSIDE CITY Maryland 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 122 S. Collington Ave. 21231 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES \$_X\NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.)

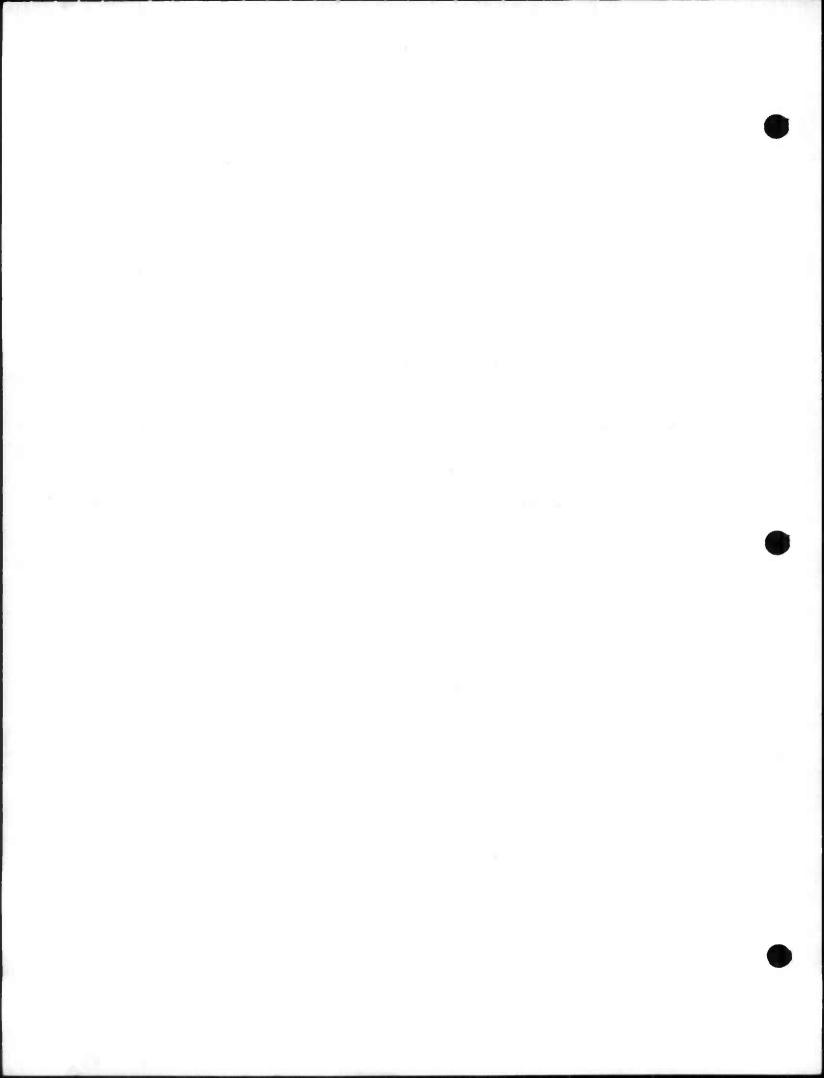
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify. 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+)
Years Correspondence Analyist Federal Government 12 Years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Gibbs notified at Wendell William Griffith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cynthia Griffith 122 S. Collington Ave. Baltimore, MD 21231 å 20a. METHOO OF DISPOSITION
1 Durisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State must funeral director, Green Mount Crematory Baltimore City medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. F.H/ · Catherine 1901 Eastern Ave. Balto. MD 21231 this certificate has been signed by the attending physician and completely filled in by the I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, rived, or Item 23 shows any Injury, or other traumatic event, the medical so 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intervai Between IMMEDIATE CAUSE (Final ETASTATIC ADENOCARCINOMA Onset and Death disease or condition executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): certificate be cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the death PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? requires 1 YES 2 NO The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL: OTHER:
4 \(\text{Nursing Home } 5 \(\text{Residence } 6 \(\text{Other (Specify)} \) ATTENDING PHYSICIAN: 1 Dinpatient 2 ER/Outpatient 3 DOA TO THE HOSPITAL OR ATTENDING PHYSICI.
TO THE FUNERAL DIRECTOR: After this cert
be filed within 72 hours after death with the
IMPORTANT: If Item 28 is marked, o 27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6-8.5 al 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAV 31. OATE FILED (Month, Day, Year)

JUN 1 4 32. REGISTRAR'S SIGNATURE 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



be detached for use as the burial-transit permit. Pages 1, 2, 3 should d by the hospital or attending physician.

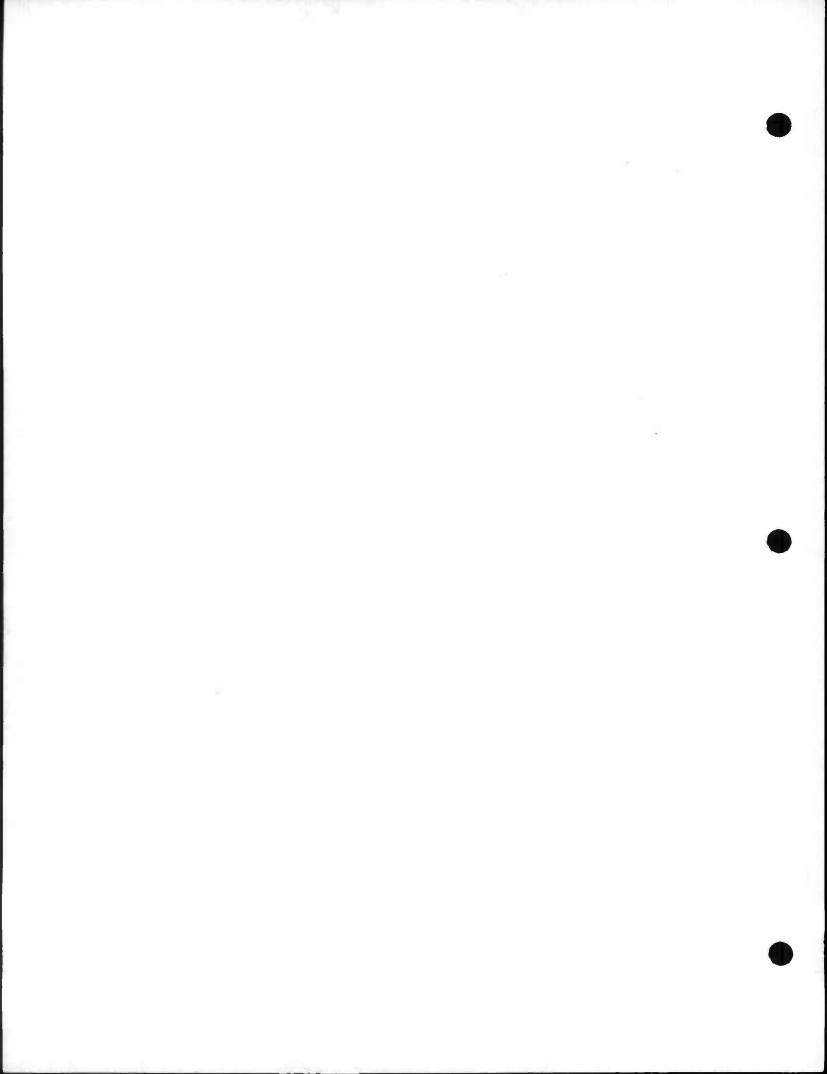
BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLANE	urs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached	r removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MISSIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

Donald G.
31. DATE FILED (Month, Day, No. 1 4 1993

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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF	RTMENT OF I		MENTAL HYGIEN	E	3 17186
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Shirley LOX	IISE		HI	NRY	06 0		9.3 0005 M
			. AGE (In yrs. lasi birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	413 34 3001	□ M 2 💢 F	56 YRS.	MONTHS DAYE	HOURS MIN.	4-16-1937		ALTIMORE, MU.
-	9a. FACILITY NAME (If not institution, give street	et and number)		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
0	851 George Stree	et-Apar	tment 2-E	Balt:	imore			
S	10a. STATE 10b. COUNTY	20 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -		Y. TOWN OR LOCA				Lead Bloome Alley
851 George Street-Apartment 2-E Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE, ND.								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE	•	10c CITIZEN	1 YES 2 NO
ER/	851 GEORGE ST., AP	T 2-F			21201			
FUNERAL		2. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes		BACE American tedien
	1 XNever Married 2 Married	FORCES? 1 [YES 2 NO	If yes, sp	ecify Cuban, Mexico 2 NO Specia	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
BY	3 Widowed 4 Divorced	W = 200 = 21	2//2007	1	- M III	71		BLACK
TEL	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION Tipleted)	(Give kind of	USUAL OCCUPATION	ON st of working	18b. KIND OF BUS	SINESS/INDUS	TRY
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)				
COMPLETED			FACTO	RY PACK	ER	FAC	TORY	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	CHARLES 19a. INFORMANT'S NAME (Type/Print)	EDMON				TONES		
2	SYLVIA HAMMOND					Route Number, City or Town		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			208; BALTI	MORE.	MD. 21230 or Town, State
	1/ Buriel 2 Cremation 3 Remova	I from State	cemetery, cremetory or of MT. ZION	other plecel		1		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE A	THE ZION		ID ADDRESS OF FA		TIMORE	, IID.
	Man	To	rou-	1272 A	I DELL'ILLE	ROWN JR. FU E ST. BALTO.	IID. Ziz	23: P.O. BOX 4433
	23. PART i. Enter the diseases, or con ahock, or heert failure. Lis	npilcations that o	sused the deeth. Do	not enter the mo	de of dying, aud	h sa cardiac or reapi	ratory erreat	Approximate
	IMMEDIATE CAUSE (Final							intarval Between Onset and Death
	disease or condition resulting in death) a		osclerotic		vascula	r disease		
		DUE TO (O	R AS A CONSEQUENCE O	F):				
ON	Sequentially list conditions, b.	DUE TO (O	R AS A CONSEQUENCE O	n.				
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	302 10 (0	A A CONSEQUENCE O	r):				
띮	CAUSE (Disease or Injury that initieted events	DUE TO (O	R AS A CONSEQUENCE O	F):				
F	resulting in death) LAST							!
8	DATE II OIL							
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions of		eath but not reaulting	in the underlying	ceuae given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	History of alcoholabuse PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
M								1 TES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL							
2	EXAMINER?	OSPITAL:		OTHER:	ACE OF DEATH (Ch			
448	1 X YES 2 □ NO 1 27. MANNER OF DEATH	7	R/Outpatient 3 DOA			6 Other (Specify)		
4	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? MONTH OF INJURY 1 Natural 5 Pending Month Day, Year) 28c. INJURY AT WORK? MONTH OF INJURY 1 YES 2 NO							ED
	2 Accident investigation 3 Suicide & Could ad by	28e. PLACE OF I	NJURY — At home, ferm,			28f. LOCATION (Street a	nd Number or E	Bural Bhuta Number
	4 Homicide 6 Could not be	building, etc	: (Specify)			City or Town, State)	no remos or r	and though the thought
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of m	knowledge, death occurr	ad at the time date	and pines and 1	to the country of		
M.	(Check only one) 2 X MEDICAL EXAMINER: (On the basis of exam	ninstion and/or investigation	on, in my opinion 4	and piace, and due	time data and place on	ner as stated.	use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							
		1	4		29c. LICENSE NUI	WISER	29d. DATE SH	GNED (Month, Day, Year)
TO BE	Monald (11)	ughti	21)		0.C.			08 1993

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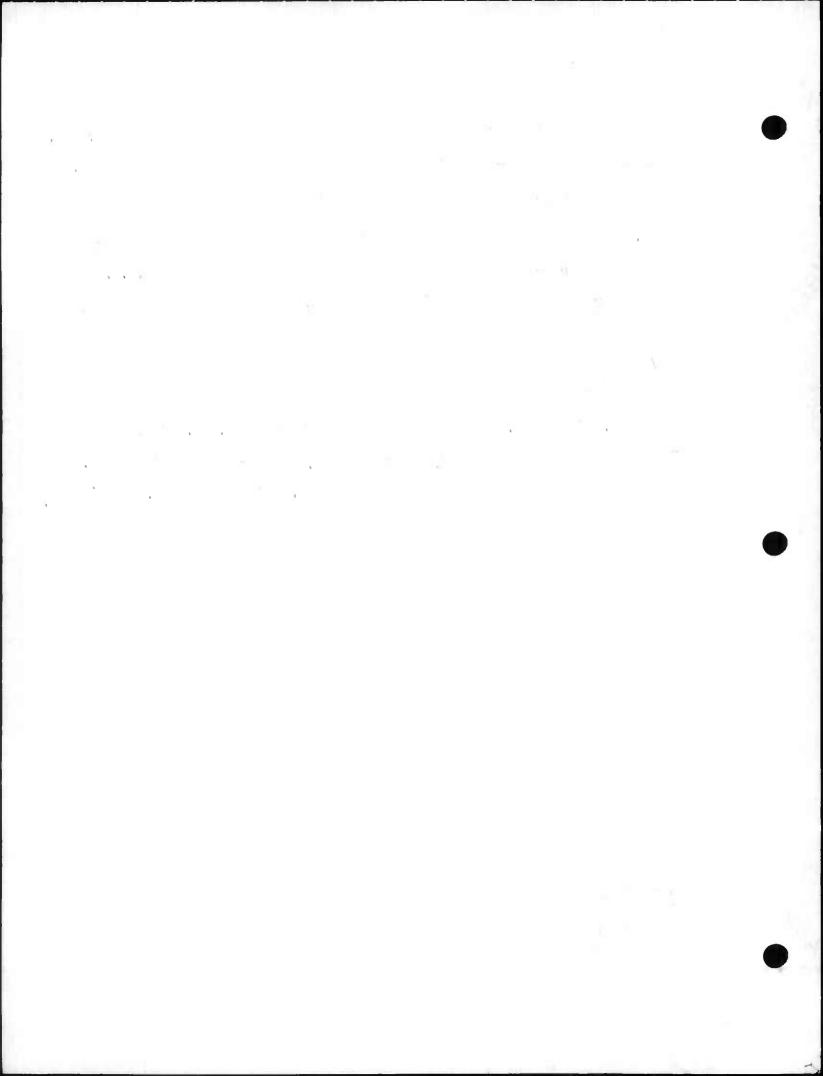
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second of the second of the second
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Dorothy Marie YEAR Hipchen 9:22 P. 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-26-6199 (Month, Day, Year) 63 1 M 2 F YRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Foster Avenue DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3507 Foster Avenue 21224 U.S.A. director, page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried 1 YES 2 NO Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10 Housework At Home notified at once. 17. FATHER'S NAME (First, Middle, Last)
George Flury 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Theodora Nosek BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Gerard J. Hipchen Sr. 2 Foster Avenue Balto. Md. 2 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 SCBurial 2 Cremation 3 Re 4 Donation 6 Other (Specify) metery, cremetory or other place) 6-14-93 Baltimore, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY n by the funeral or removal. Charles S. Zeiler & Son Inc. onkling St. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and completely filled in by burial, cremation, or remo Approximata shock, or heart fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death event, the disease or condition inth progressing asutes and hepathalystinchen CIRRHUSIS montesto resulting in death) DUE TO (OR AS A CONSEQUENCE OF): yeons executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician at Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST signed by the atter Health and Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? shows any 1 | YES 2 | NO 1 TES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State this certificate HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO ne 5 Residence 6 🗆 Other (Specify) 4 - Nursi 6 the 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Netural Accident 5 Pending Investigation 1 YES 2 NO BY death 26s. PLACE DF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 L DIRECTOR: A COMPLETED 6 Could not be Item 28 4 Homicide 29e. CERTIFIER
(Chack note) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. FUNERAL WITHIN 72 F IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 黑黑 +Bellow D4339 6 114/93 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTEMORE DVATPA 2122 31. DATE FILED (Month, Day, Year)

JUN 1 4 1993 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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JUN 1 4 1993

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Mickile, Last)	TE OF MARYLAND / CEI	DEPARTMENT OF H	DEATH	TAL HYGIENE REG. NO.	3 17188	
	EUGENIA	E HA	DOUL IS		ONTH BAY	9 S:00 P	
	4. SOCIAL SECURITY NUMBER 5. SEX 219-30-7864 1 🗆 N	8. AGE (In yrs. lest b	YRS, WONTHS DAYS	IF UNDER 24 HRS. 7. D	ATE OF BIRTH Yorth, Day, Year) 4-04-04	8. BIRTHPLACE (State or Foreign Country)	
TOR	9a. FACILITY NAME (If not institution, give street and SAINT JOSEPH 1 RESIDENCE OF DECEDEN	HUSPITAL	96. CITY, TOWN O	SON DEATH	9c. COU	WSON	
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10c. CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO	
FUNERAL	100. STREET AND NUMBER 805 E. Belvedere Av	renue	101.	ZIP CODE 21212	10g. CIT	IZEN OF WHAT COUNTRY? U.S.A.	
B	1 Never Married 2 Married FOI	S DECEDENT EVER IN U.S. ARME RCES? 1 YES 2 NO YES, GIVE WAR OR DATES		ecify Cuban, Mexican, Pu	IIGIN? (Specify Yes or No— erto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: White	
LETED		(Give ge (1-4 or 5+)	DENT'S USUAL OCCUPATIO kind of work done during mos o NOT use retired.)	st of working	16b. KIND OF BUSINESS/ING		
COMPL	8 years 17. FATHER'S NAME (First, Middle, Last)	Rest	aurant Own	18. MOTHER'S NAME (FI	Food.		
TO BE	Rosorio Maggio 19a. INFORMANT'S NAME (Type/Print)				Number, City or Yown, State, Zip		
-	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, State						
	1						
RTIFICATION							
CERT	resulting in death) LAST						
MEDICAL	PART II. Other algorificent conditions contri	buting to desth but not rea	ulting in the underlying	ceuse given in Part	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WAS	PAb. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1 1 1 1 1 1 1 1		OTHER: A	OF OEATH (Check on	ly one)		
PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 28a. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF WORK? WORK? M 1 VES 2 NO						
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	getion 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City of The Street and Number or Rural Route Number,					
COMPLE	29a. CERTIFIER Check only 2 MEDICAL EXAMINER: On the	the bast of my knowledge, death					
D BE CO	290. SIGNATURE AND TITLE OF CHAPPIER	Duna		29c. LICENSE NUMBER	52 P 6	E SIGNED (Month, Day, Year)	

WHO COMPLETED CAUSE OF DEATH (TIM 27) (Type, PHIT)

32. REGISTRAR'S SIGNATURE

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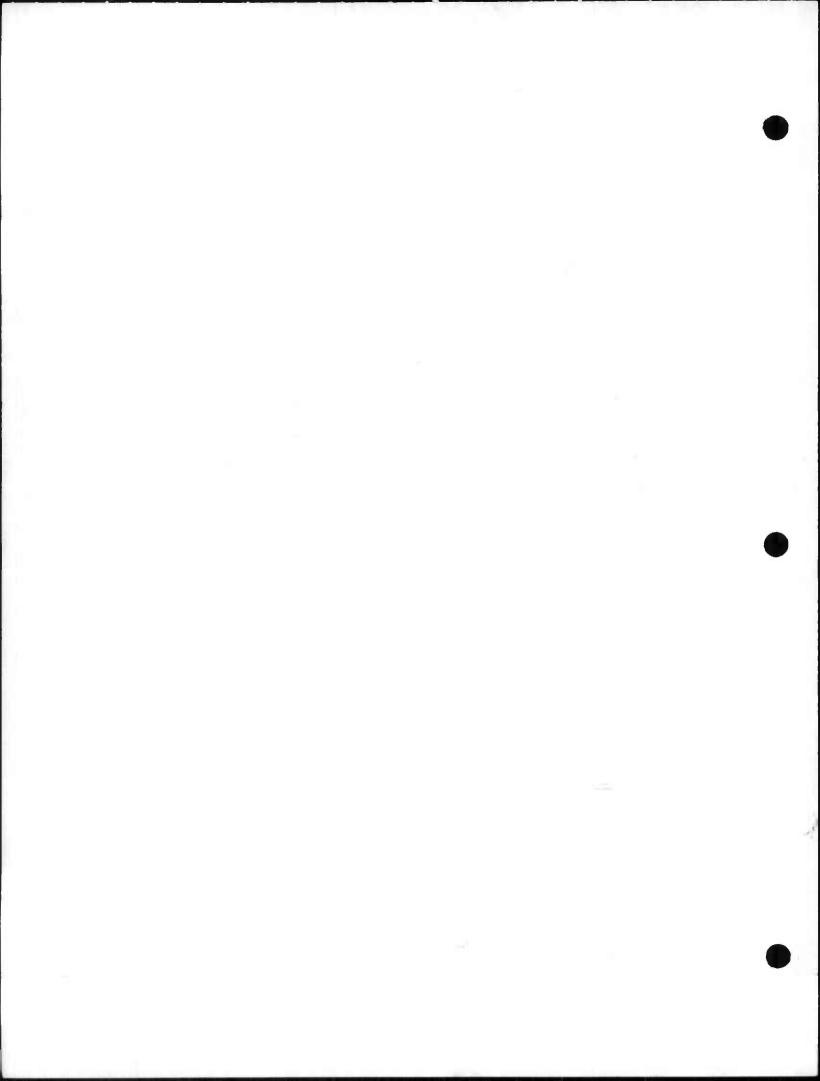
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SOUND SECRETY MARKETS AND ASSESSED SAND AS A SECRET SAND AS A CONSIGNATION SAND AS A CONSIGNATION AS A	SOCIAL SECONTY MANIES S. BEX S. DOE 10 FT TOWN OR LOCATION S. DIFFERENCE OF DECERDING SOCIAL SECONTY DESCRIPTION S. DIFFERENCE OF DECERDING SOCIAL SECONTY OR MANIES S. DOES STATE S. DOES STATE SOCIAL SECONTY OR MANIES S. DOES STATE SOCIAL SECONTY OR MANIES SOCIAL SECONTY OR MANIES S. DOES STATE SOCIAL SECONTY OR MANIES SOCIAL SECONTY SECONTY SOCIAL SECONTY OR MANIES SOCIAL SECONTY SECONTY SOCIAL SECONTY SECONTY SOCIAL SECONTY OR MANIES SOCIAL SECONTY SECONTY SOCIAL SECONTY SOCIAL SECONTY SOCIAL SECONTY SOCIAL SECONTY SOCIAL SECONTY	SOUND RECORD TO NUMBERS SET 2 S. AGE (IN YEAR OF CHINNES) S.	П	1. DECEDENT'S NAME (First, Middle, Land TAMIF C	James II	arringto	n Sr.)	2. DATE OF DEATH		TEAN 2. TIME	OF DEATH
No. COUNTY OF DEATH OF THE COUNTY OF DATE OF THE COUNTY OF THE COUNTY OF DATE OF THE COUNTY OF THE COUNTY OF DATE OF THE COUNTY OF THE COUNTY OF DATE OF THE COUNTY OF THE COUNTY OF DATE OF THE COUNTY OF THE	SECRET MARKE For institution, pin strates and campled of the pink of the control of the pink of the pi	AND AND ADDRESS SERVICE SERVICE SERVICE SERVICE SERVICES		4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BITTH (Month, Day, Year	-	BITTHPLACE (State or Foreign
The STREET AND NUMBERS THE THE TABLE NUMBERS TO STREET AND NUMBERS	The STREET AND NUMBER TO STREET AND STREET AND STREET AND NUMBER TO STREET AND NUMBER TO STREET AND NUMBER TO STREET AND NUMBER TO STREET AND NUMBER TO STREET AND STREET AND NUMBER TO STREET AND NUMBER TO STREET AND STREET AND STREET AND NUMBER TO STREET AND NUMBER TO STREET AND NUMBER TO STREET AND STREET AND NUMBER TO STREET AND NUMBER TO STREET AND STREET AND NUMBER TO STREET AND NUMBER TO STREET AND NUMBER TO STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS OF FRONTIN' AND STREET AND ADDRESS	DEFORM TWO PARTY IN THE PROPERTY OF THE NAME (PARTY IN THE PARTY IN TH	стоя	STELLA MA	RIS Hospic	tenes Villa	nu	Towso			Y OF DEATH	
Second S	Security Security	DEPOSITION OF PRINCIPAL STRUCTURE (SAME PARK) OF BURNESS (SERVICE) S. DECEDENT'S EDUCATION (Supply of by Rightle) or the control print companies (Shared of work dame during mont of working) (Supply of by Rightle) or the control print companies (Supply Vision (Supply Control of Working) (Supply Vision (Supply Control of Working) (Supply Vision (Supply Vision Control of Working) (Supply Vision Cont		Maryland B			uthervi	lle		10g. CITIZI	1 🗆 11	HTEP ES 2. XNO
Security Security	Sequentially list conditions. Sequentially list conditions.	BE DECEMBER'S EDUCATION Part December		11. MARITAL STATUS 1 Never Married 2 Nacried	12. WAS DECEDENT EVER FORCES? MX YE IF YES, GIVE WAR OR	S 2 NO	If yes, I	ECENDENT OF HISPA specify Cuban, Maxic	en, Puerto Ricen, etc.)	Yes or No- 1	 RACE — Amer Black, White, of Specify: 	etc.
Milton T. Harrington 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 18- BPORIBANT RAME (Rigos/Prep) 19- BRADEAND DATE OF DISPOSITION (Name of 10) 10- BRADEAND DATE OF DISPOSITION (Name of 10) 10- BRADEAND DATE OF DISPOSITION (Name of 10) 10- BRADEAND DATE OF DISPOSITION (Name of 10) 10- BRADEAND OF DI	Milton T. Harrington 196. MALING ADDRESS (Stores and Number or Place Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Place Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Place Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Place Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Place Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Route Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Route Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Route Route Route Number. City or Bows. Store. 20 Custo) 196. MALING ADDRESS (Stores and Number or Route	Milton I. Harrington 196. MAILNO ADDRESS (Diver and Number: City or Barn, Stam,	<u>u</u>	(Specify only highest grac Elementary/Secondary (0-12)	UCATION de compléted)	If the Do MOT I	work done during of use redired.) Suj	pervisor			STRY	
Mrs Mary N. Harrington 30s. Marthou of Disposition 10c Huntrid 2	Mrs. Mary. N. Harrington 20. PLACEAND DATE Set. LOCATION — City or Town, State 20. PLACEAND DATE Set. DATE Set. LOCATION — City or Town, State 20. PLACEAND DATE Set. DATE Set. LOCATION — City or Town, State 20. PLACEAND DATE Set. DATE Set. LOCATION — City or Town, State 20. PLACEAND DATE Set. DATE Set. LOCATION — City or Town, State 21. SIGNATURE OF PYREAL SETVICE (SERNSE) 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 33. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 34. DUE TO (OR AS A CONSEQUENCE OF): 35. SEQUENTIALLY III (CHAPTER OF DISEASE) 36. DUE TO (OR AS A CONSEQUENCE OF): 36. DUE TO (OR AS A CONSEQUENCE OF): 37. DUE TO (OR AS A CONSEQUENCE OF): 38. DUE TO (OR AS A CONSEQUENCE OF): 39. DUE TO (OR AS A CONSEQUENCE OF): 39. DUE TO (OR AS A CONSEQUENCE OF): 39. DUE TO (OR AS A CONSEQUENCE OF): 30. DUE TO (OR AS A CONSEQUENCE OF): 30. DUE TO (OR AS A CONSEQUENCE OF): 31. DUE TO (OR AS A CONSEQUENCE OF): 329. NAME AND ADDRESS OF FRANCE OF DEATH (Chapte only one) 320. ACASE REFERRED TO MEDICAL CONSEQUENCE OF): 320. NAME AND ADDRESS OF FRANCE OF DEATH (Chapte only one) 321. NAME AND ADDRESS OF TOWN O	Same as 10e Same as 10e	BE	Milton L. Harr	ington	196. MAILIN	Q ADDRESS (Street	Cathe	erine McCa	ıbe	lade)	
22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batter on the property of the property	22. NAME AND ADDRESS OF PACILITY 1050 YOYK Rd. 21204 Ruck Towson Funeral Home, Inc. 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF	22. NAME AND ADDRESS OF FACILITY 1050 YOrk Rd. 21204 Ruck Towson Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhorted Better Shock, or heart failure. List only one cause on each line. Part resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. Bequentially list conditions. CAUSE (Disease or Injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	T	20s. METHOD OF DISPOSITION 1 Structure 2 Grefffetton 3 G Rec	// 2	0b. PLAGE, AND DATE	Same of Disposition (I	as 10e	DATE 200.	LOCATION — CI	ty or Town, State	
23. PART I. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS CASE REFERRED TO MEDICAL EXAMINERY FERRED TO MEDICAL EXAMINERY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. DATE OF INJURY YES 2 NO 27. MANNER OF PERTON 28. DATE OF INJURY YES 2 NO 29. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 21. VES 2 NO 22. MANNER OF PERTON 23. MANNER OF PERTON 24. MANUAL PROPERTOR 25. MANNER OF PERTON 26. DATE OF INJURY YES 2 NO 27. MANNER OF PERTON 28. DATE OF INJURY YES 2 NO 29. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. MANNER OF PERTON 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 27. MANNER OF PERTON 28. DATE OF INJURY YES 2 NO 29. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 20. DATE OF INJURY YES 2 NO 21. DATE OF INJURY YES 2 NO 22. DATE OF INJURY YES 2 NO 23. DATE OF INJURY YES 2 NO 24. DATE OF INJURY YES 2 NO 25. DATE OF INJURY YES 2 NO 26. DATE OF INJURY YES 2 NO 27. DATE OF INJURY YES 2 NO 28. DATE OF INJURY YES 2 NO 29. DATE OF INJURY YES 2 NO 20. DATE OF INJ	23. PART I. Cheer the diseases, or complications are caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Description Part P	22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. INMEDIATE CAUSE (Final disease or conditions as DUE TO (OR AS A CONSCOUENCE OF): Sequentisting in death) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):		21. SIGNATURE OF PUNERAL SERVICES	Schale	L	22. NAME	Towson I	1050 Yo	ork Rd.	21204	MCL.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. PLACE OF DEATH (Check strilly one). 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 5 In impellent 2 ENOutpettent 2 DOA 4 Normally No	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 28a. DATE OF INJURY 1 YES 2 NO 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 Inpetient 2 ENOutpettent 2 DOA 4 Number of Pearth (Chock only one)		IMMEDIATE CAUSE (Final disease or condition	a. List only one cause on	ahcre	not enter the m	node of dying, su	ch as cardiac or re	spiratory arre	st, Ap	terval Betwe
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMENT 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO 26. PLACE OF DEATH (Check sully one) 27. Manner of Seath 1 YES 2 NO 28. DATE OF INJURY 28. BAUGHT RESIDENCE 29. BAUGHT RESIDENCE 29. B	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANUAL STATE OF INJURY SEE TIME OF INJURY AT WORK? 28. MANUAL STATE OF INJURY AT WORK? 29. DATE OF INJURY AT WORK?	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMEDT 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 Inpetient 2 ENOutpettent 2 DOA 4 Numsing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 Inpetient 2 ENOutpettent 2 DOA 4 Numsing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 Inpetient 2 ENOutpettent 2 DOA 4 Numsing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 Inpetient 2 DOA 4 Numsing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO Number or Fursi Routin N	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS		· ·					
2 Accident Investigation M 1 YES 2 NO	2 Accident Investigation M 1 YES 2 NO	Accident Investigation The State T	MEDICAL	PART II. Other significant condition	ons contributing to death	but not resulting	in the underlyi	ng cause given ir	PERF	ORMED?	COMPLET OF DEAT	LE PRIOR TO TION OF CAUSE H?
2 Accident Irrestigation M 1 VES 2 NO	2 1 Accident Investigation M 1 YES 2 NO	The control of the control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	SICIAN	EXAMINER?		tpettent 3 □ DOA	OTHER:	Harris Control of the	. /	Hose	oice.	
	3 Guida net be determined building, etc. (Specify) 3 Guida net be determined building, etc. (Specify) 3 Guida net be determined building, etc. (Specify) 3 Guida net be determined building, etc. (Specify)	4 Monticide Mo		Periding 5 Periding Irrestigation	(Month, Day, Year)	194	M 1	YES 2 NO	A Version Leiders and Ver	м инивич осиг	RED	
				Carla Di	alexan	cole V	0	D27	087	≥ O	608	-93

ITEMS: 23 PART I, II, 27, PER MEO G-700 6/30/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0				2. DATE OF DEATH		
				MONTH D	AY	YEAR 3. TIME OF DEATH
5. SEX 6. AGE	(In vrs. last birthday)	HICKS	IE IMPER 24 MRC	06 08	1993	
1 🗆 M 2 🖾 🗗			T	(Month, Day, Year)	47	Country)
street and number)		96. CITY, TOWN OR	LOCATION OF DEA		9c. COUNT	Y OF DEATH
RGH ROAD		BALTI	MORE		BAL	TIMORE
П	10c. CITY,	TOWN OR LOCATION	PN.			10d. INSIDE CITY LIMITS? 1 FES 2 LANG
Anbourk	Rd	101. 2		28	10g. CITIZE	en of what country?
FORCES? 1 YES	2 NO	If yes, spec	Ify Cubap, Mexican	, Puerto Rican, atc.)	or No — 1	4. RACE — American Indian, Black, White, are
	(Give kind of wor	rk done during most	of working	16b. KIND OF BU	SINESS/INDU	, ,
College (1-4 or 5+)	6/2		ekel			
Serve			MOTHER'S NAM	E (First, Middle, Meiden	Surneme)	
Casor	19b. MAILING A	DDRESS (Street Jane	Number or Rural Ru	oute Number, City or Tow	n. State. Zio C	ed 2/20
Hecks	2749	Sca	uba	und -	BA	Ho, md
moval from State 20b		DISPOSITION (Name	e of	9/3 20c. LO	CATION - CH	y or Town, State
ICENSEE		22. NAME AND	ADDRESS OF FAC	urv C C	WY C.	/
m. //11	0	3400	-w.	Tarkel	- 8	1- PALLA
bDUE TO (OR AS A	CONSEQUENCE OF):					
d						
	ut not reaulting in	the underlying of	ause given in P	art I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN
KE DISUKUEK				YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		26. PLAC	CE OF DEATH (Chec	k only one)		
			5X Residence 8	Other (Specify)	-	
28e. DATE OF INJURY (Month, Day, Year)		Y WORK	?	28d. DEŞCRIBE HOW II	JURY OCCU	RED
28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
						IGNED (Month, Day, Year)
HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Topo D	int)	O.C.M	.E.	> 0	6/09/1993
//	2.1 (.)[0.0]					
1	11 Penn	Street	, Balt	imore. M	larv1	and 21201
32. REGISTRAR'S SIGNA	11 Penn	Street	, Balt	imore, M	laryla	and 21201
	1 M 2 M 2 M 2 M 2 M 3 M	1	TOWN STATE TOWN OR AND STATE OF INJURY (North, Day, Nerr) 1 M 2 M 2 M 3	TOMPICATION STATE DUCATION STATE DUCATION STATE 10. CITY, TOWN OR LOCATION OF DEL BALTIMORE 10. CITY, TOWN OR LOCATION OF DEL BALTIMORE 10. CITY, TOWN OR LOCATION OF DEL BALTIMORE 10. CITY, TOWN OR LOCATION 11. WAS DECENDENT OF HISPAN 11. Was DECENDENT OF HISPAN 11. Was DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. Was DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 11. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 12. WAS DECENDENT OF HISPAN 13. WAS DECENDENT OF HISPAN 14. WAS DECENDENT OF HISPAN 15. WAS DECENDENT OF HISPAN 16. CITY, TOWN OR LOCATION 16. DO STORT OF HISPAN 16. DO PART OF HISPAN 17. WAS DECENDENT OF HISPAN 18. WAS DECENDENT OF HISPAN 19. WAS DECENDENT OF HISPAN 19. WAS DECENDENT OF HISPAN 19. WAS DECENDENT OF HISPAN 19. WAS DECENDENT OF HISPAN 19. WAS DECENDENT OF HISPAN 19. WAS D	TOWNS SONTE DATE OF DEATH COMES SONTE DATE OF DATE O	TO MAS DECEMBER 1 VERS AND ADDRESS (Street, and Author or Part Florate Number City or Rown, State Complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest and number to (OR AS A CONSEQUENCE OF): a. CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DU

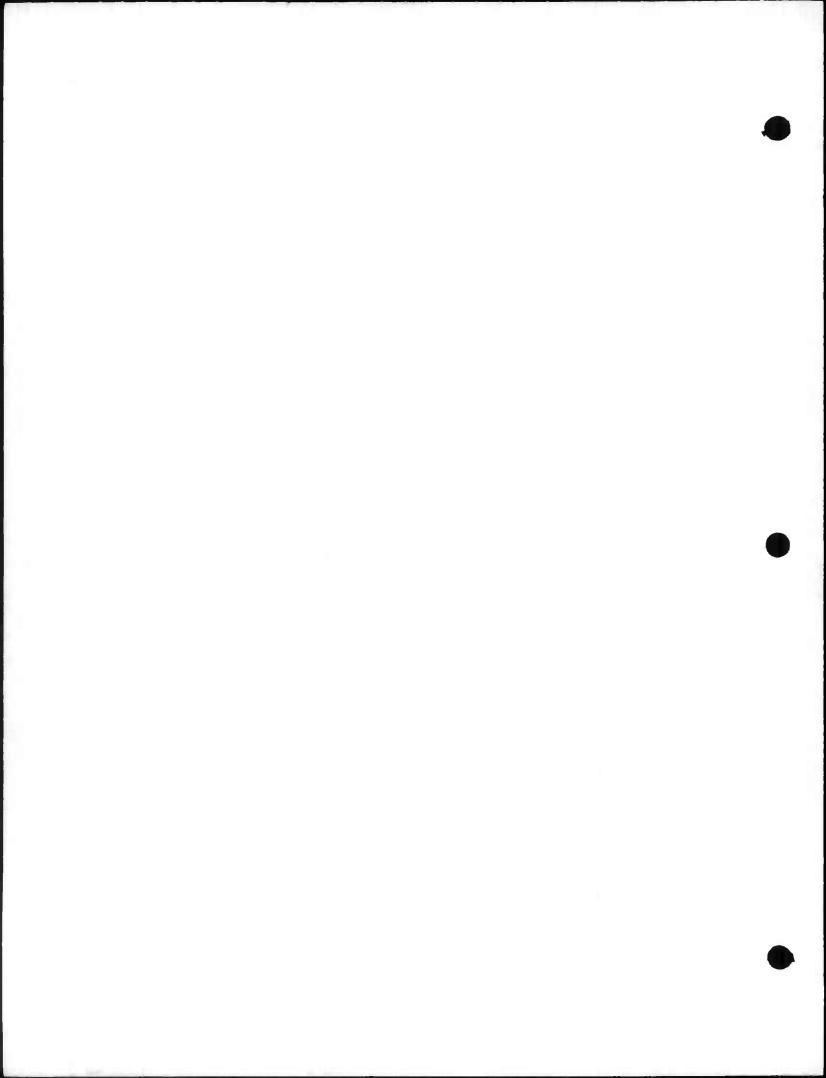


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AN IN

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		. , , , ,		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF DEATH		
	Martha H.	Harding			06 10	93			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		MOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign		
1	217-30-3773		32 YRS. MON	THS DAYS HOURS MIN.	02/01/11	l V:	irginia		
_	9e. FACILITY NAME (If not institution, give a	treet end number)	9b.	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	F OEATH		
DIRECTOR	St. Agnes Hospita	al C.P.E.R.		Baltimore City	7				
E	10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCATION			10d, INSIDE CITY		
E E	MD Balt	imore	Arbut				LIMITS?		
	10a. STREET AND NUMBER		Tizzac	101. ZIP CODE		10a. CITIZEN C	OF WHAT COUNTRY?		
FUNERAL	5522 Thomas Avenu	.e		21227		U.S.A.			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian,		
BY F	1 Never Married 2 Merried S X Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Specify: Black, White, etc. Specify: Specify:								
							white		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work	AL OCCUPATION done during most of working red.)	16b. KINO OF BU	SINESS/INDUSTR	Y		
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)		7 0 0.)	0551				
NO.	17. FATHER'S NAME (First, Middle, Last)		Clerk	18 MOTHERIC N	Office AME (First, Middle, Meiden	0			
	Jered Morgan Wils	on				Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	011	19b. MAJLING ADO	Elva R		m State Zin Code	1		
2	Martha Simms			omas Avenue,			_		
	20m METHOD OF DISPOSITION		PLACE AND DATE OF OI	SPOSITION (Name of		CATION — City o			
	1 Buriel 2 Cremetion 3 Remet 4 Donetion 5 Other (Specify)		tery, crematory or other p	Memorial Par	k 6/12 Dor	COV Ma	ryland		
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF F	ACILITY		Tyranu		
	1	56	-X.	Ambrose Funer	al Home, In	nc.	M4 01007		
	1328 Sulphur Spr. Rd. Arbutus, Md. 21227 23. PART, Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	shock, or heart fallure.	List only one cause on ea	ch line.			,	Interval Between		
	disease or condition								
	resulting In death) a. Office								
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
F	π any, leading to immediate								
SE SE	CAUSE (Disease or Injury That Injury DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	that initiated events resulting in death) LAST						i		
뮝		J							
ÄL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDIC	typesu	2 usun			1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
Z	- () 1				′		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
Ö	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C					
H ×S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	tlent 3 DOA 4 28b. TIME OF	Nursing Home 5 Residence					
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?								
BY	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number.								
밀	4 Homicide determined building, etc. (Specify)								
COMPLET	29e. CERTIFIER (Check only (Ch								
×	(Check only one) MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner se stated. MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.								
1 1	20h GIONATURE AND TITLE OF OCCUPIED								
8	lokain	binoni		29c. LICENSE NU	2 0 7	29d, DATE SIGN	IEO (Month, Day, Yeer)		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print	1026	001	6/	10/95		
	V								
1,, 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						
17	JUN 1 4 1993	This Davidson Ro	macine						



director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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	S	in in	10	e E
	TO THE ASSITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	TO THE FUNERAL/DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be file within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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8	uted	00	rial,	9 3
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UIVISION OF VITAL RECORDS, P.O. BOX 68760,	TALL	3	2	=
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296. SIGNATURE AND TITLE OF CERTIFIE

4 1993

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 DEGISTRAR'S GENATURE

30. NAME AND ADD

31. DATE FILED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Hancock June 1993 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE 1 2 1 2 DF HOURS YRS. nde 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore 10c. CITY, POWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO Iltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 10a. CITIZEN OI W. 212 12 MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZINO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cubag, Maxican, Puerto Rican, etc.) 14. RACE — American Indian. 1 Mover Married 2 Marrie IF YES. GIVE WAR OR DATES BY 1 TES 2 7 NO Specify: 4 Divorced ack COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use refired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) apri 17. FATHER'S NAME First, Middle, Last E (First, Middle, Maiden Syman notified at BE 19b. MAILING ADDRESS (Street and Number or Rural I 2 n. Stata. Zio Code 99 HOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE other Mc 20c. LOCATION - City or Town, State rial 2 🗆 Cre nation 3 🗆 Re 4 Donation 5 Other (Specify) Landonne 22. NAME AND ADDRESS OF FACILITY COLORES 21. SICHATURE OF FUNERAL SERVICE LICENSES 3405 W. Franklin SI BAILO, Mc 21229 51 Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory streat, about, or heart feilure. List only one cause on each line. 23. PART Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) has been signed by the attending physician and completely Dept. of Health and Mental Hyglene prior to burial, cremat n 23 shows any Injury, or other traumatic event, it Acquired Immune Deficiency Syndrome DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Pneumonia Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Sepsis oue to (of as a consequence of): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: h the State D. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 Rasidence 6 Dther (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

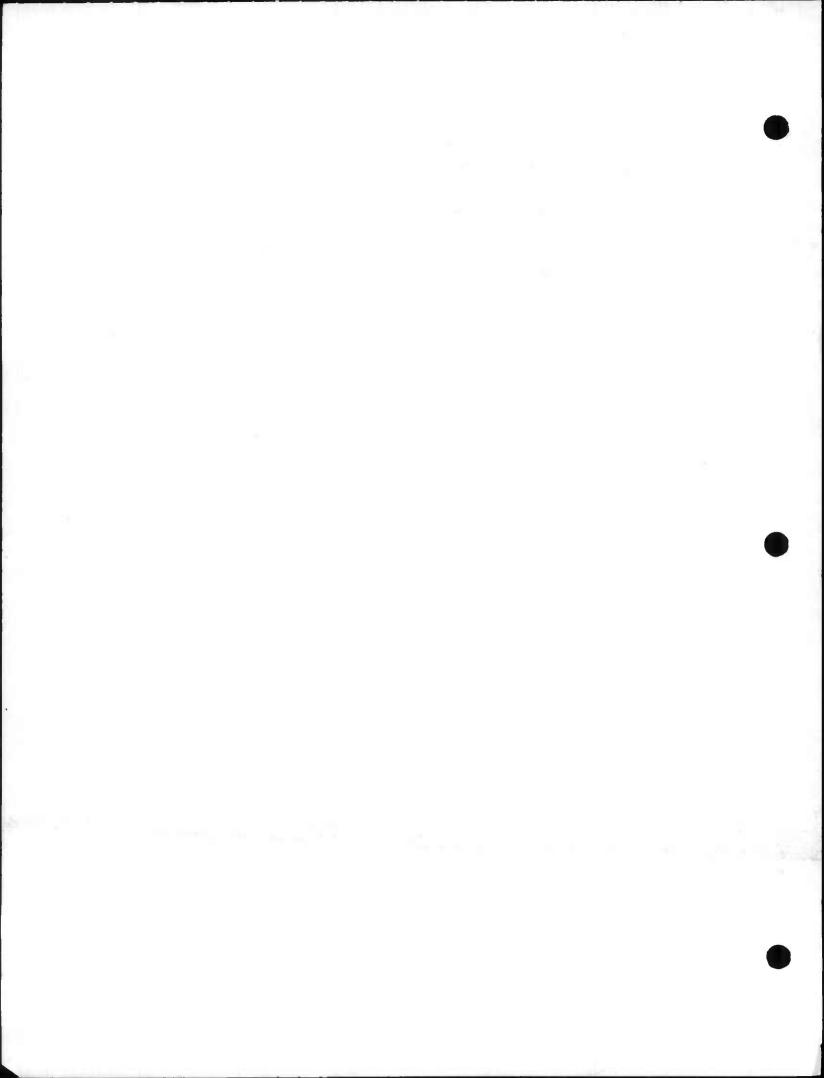
Robinson M.D. C/O Maryland General Hospital 827 Linden Avenue

Year)

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29d. DATE SIGNED (Month, Pay,

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permit. Pages 1, 2, 3 should

93 17193 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 1993 JUNE 9, JOHN HILL 50 C 5:10A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 1()-(Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 24/8-38-8522 1 2 1 2 D F 9b. CITY, TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 Dres 2 No + imore FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1425 21213 4 5A LUTERNE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif was seedify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMEO FDRCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 Marrios If yes, specify Cubs nn, Mexican, Puerto Ri Specify: IF YES, GIVE WAR OR DATES

Am J 2-9-46 B∀ Black 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. OECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ry (0-12) lege (1-4 or 5+) BETH STEEL TEN mil 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) nber, City or Town, State, Zip Code) 2 Balton noma MO. 21213 20s. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE VA. 6-149 FOREST 4 Donation 5 Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21213 N. CAROLINE 1129 5%. 23. PART I. Enter the diseases, Dr complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart fellure. Liet only one ceuse on each lina. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death diseese or condition EXS angunation
DUE TO (ORAS A CONSEQUENCE OF): resulting in death) poer s ash into two bleed our to form as a consequence of): MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO TOR AS A CONSEQUE CAUSE (Disease or Injury that initiated events Ver failer resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 to inpatient 2 - ER/Outpatient 3 - DOA OTHER 1 YES 2 ND me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. OATE OF INJURY (Month. Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending ВУ 1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to 2 MEDICAL EXAMINER: Dn the besis of examination and/or investigation, in my opinion 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) July 9, 1993 5010 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNS HOPKINS HOSPITAL

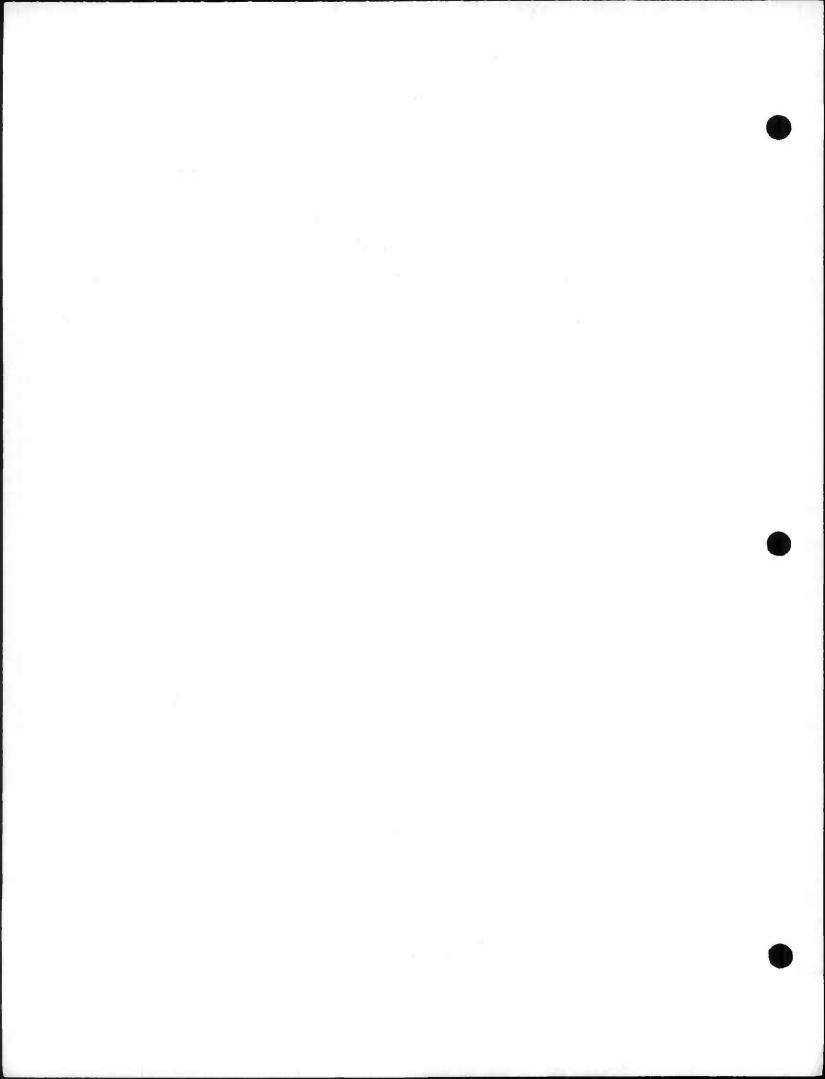
600NORTH WOLFE STREET BALTIMORE MD 21287



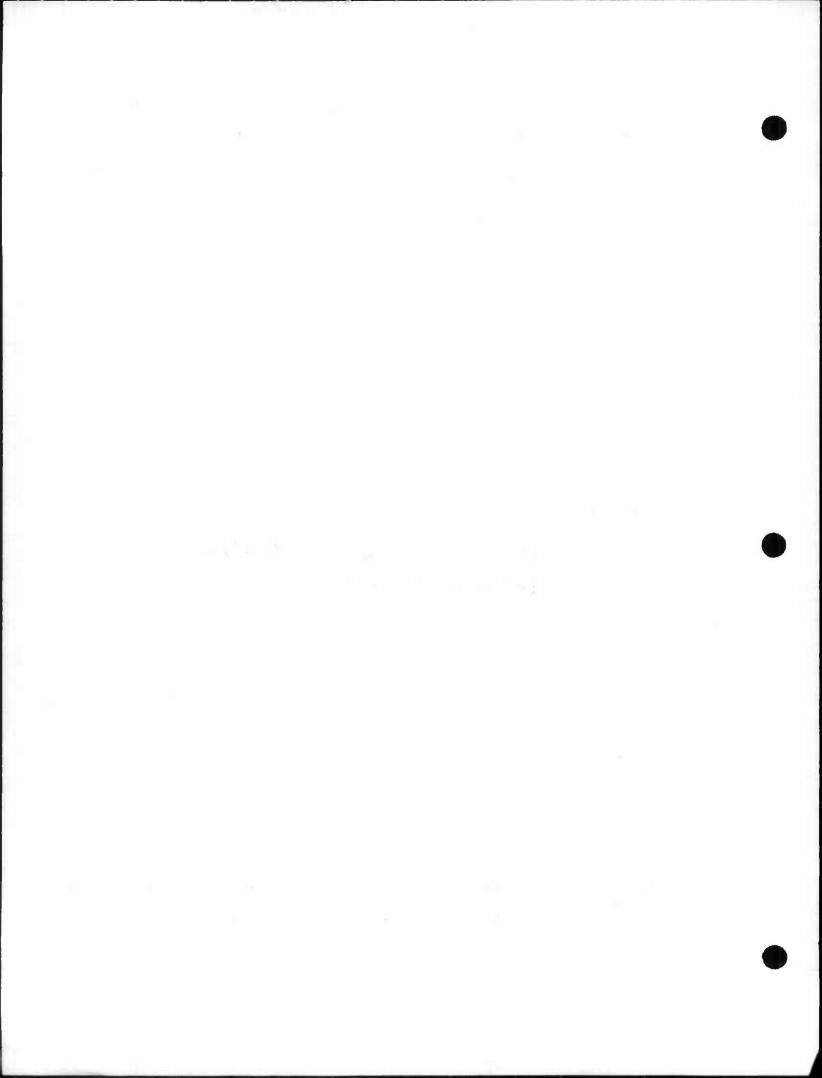
31. DATE FILED (Month, Day, Year)

4 1993

12 registrage signature.

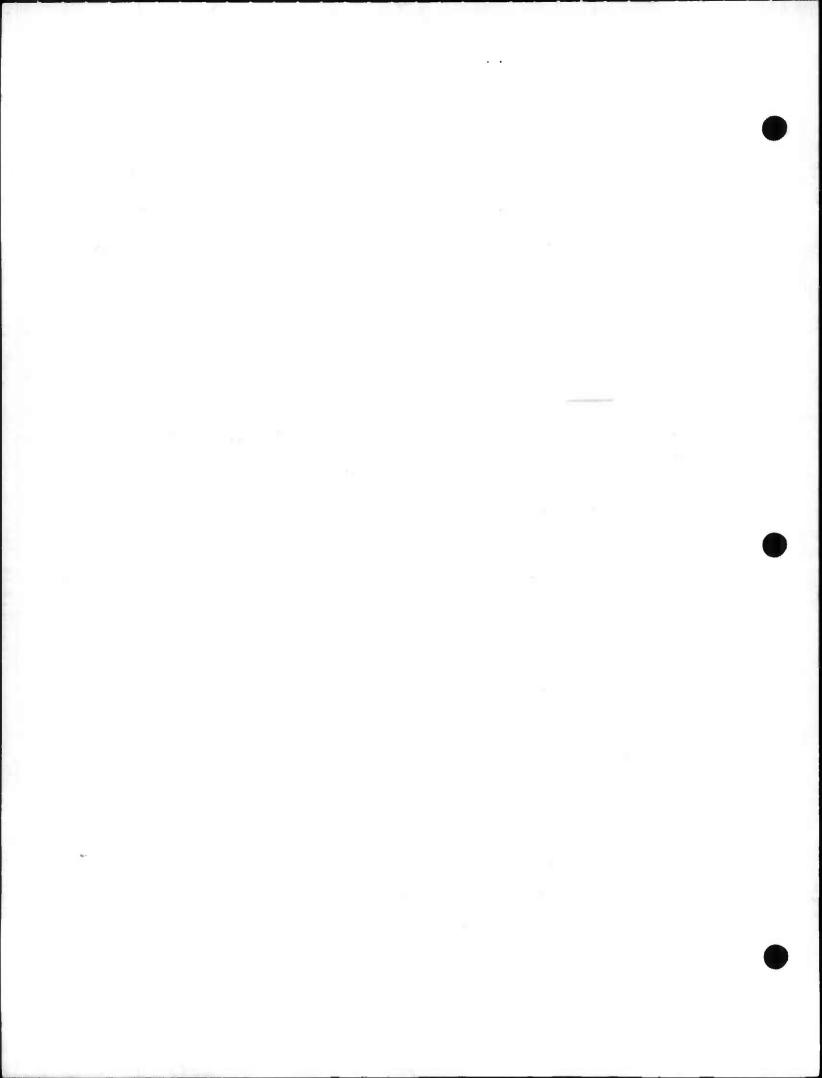


FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH
6.20 PM 2. DATE OF DEATH 1943 0 Johnson June 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State Country) IF UNDER 24 HRS 3 34 1 X M 2 - F YRS. a Marica use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR er 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/20 Aue Jamaican HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Mer It yes, specify Cuban, BY Black 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe attending physician and completely filled in by the funeral director, page 5 should be detached for (0-12) ege (1-4 or 5+) 12 th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number Zip Codel 2 4004 Jo MASON 2 120 ě 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 4Name of GATE GAZIAN 20c. LOCATION or other traumatic event, the medical examiner must tas 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE or removal. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finsi Onset and Death cremation. disease or condition . Acquired Immunodeficeincy resulting in death) DUE TO (OR AS A CONSEQUENCE OF) IN THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and corn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic en Renal Stage Disease End MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 5 - Residence 6 - Other (Specify) 4 🗌 Nurs 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, d occured at the time, data and place, and due to the cause(a) and manner as stated. D41365 BE 29d. DATE SIGNED (Month, Day, M.D. 1993 > June 9 0 George LETED CAUSE OF DEATH (ITEM 27) (Type Print, Medical Center Wicks .1bertu ALTHE DETRACE SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dec. or Health and Mental Hybride prior to burial, cremation, or remonal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	RTMENT OF	HEALTH F DEA	AND M	ENTAL HYGIEN	1E93	Britania	7195
	1. DECEDENT'S NAME (First, Middle, Last)	KAMMER	JI	เม้า	_			2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
0.00	4. SOCIAL SECURITY NUMBER 216-01-8142	1 □ M 2 🔀 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/6/04		6. BIRTHP Country,	YLand
TOR	99. FACILITY NAME (If not institution, give street and number) GOOD Samaritan Baltimore City Baltimore City										
DIRECTOR	Maryland Baltimore City Baltimore City Baltimore City Baltimore City Baltimore City								LIMITS?		
NERAL	2505 Chesterfiel					21:	213			U.S.	HAT COUNTRY? A.
BY FUNERAL	WILLOC							White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	ive kind of a Do NOT u	usual occupa work done during se retired.)	most of working	ng	16b. KIND OF BU	SINESS/IND	USTRY	
	17. FATHER'S NAME (First, Middle, Last)	U ECDT		- 11	omenake	18. MOTI		E (First, Middle, Maiden Shabek	Surname)		
TO BE	Julius Kammer W 190. INFORMANT'S NAME (Type/Print) Bertyle B. Kamme		1			t and Number	or Rural Ro	ute Number, City or Tow			
	20e. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)		20b. PLACE / cematery, cre	MAND DATE	OF DISPOSITION			OATE 20c. LO	CATION —	Olty or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE New Cathedral 6/14/93 Baltimore City, MD										
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Dne cause	Schsic	•	not enter the r	noda of dyl	ng, such	es cerdiac or resp	Iratory arre	eat,	Approximate Interval Batween Onset and Deeth
NOIL	OUE TO (OR AS A CONSEQUENCE OF):								INK.		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (C	PR AS A CONSEC	DUENCE O	F):						
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. NIDDM, HTN, rCHF@PH-Substitute 1. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 DNO 1 VES 2 DNO 1 VES 2 DNO								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Ä											
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	70/0-1		OTHER:	PLACE OF D					
Ĕ	27. MANNER OF DEATH 28. DATE OF INJURY (Month Day Mar) 28. DATE OF INJURY (Month Day Mar) 18. HIM OF 28. LIME OF 18. HIM OF 28. LIME OF 18. HIM OF 28. LIME OF 18. HIM OF 28. LIME OF 28. LIME OF 28. LIME OF 28. LIME OF 28. LIME OF 28. LIME OF 38. LIME OF 48. LIM										
7	2 Accident Investigation 6-10-93 3-50 PM 1 YES 2 KNO										
8	3 Sulcide 8 Could not be determined	building, et	may — At hole. (Specify)	1	street, factory, of	lce ~	2	8f. LOCATION (Street a City or Town, State)	and Number (or Rural Roi	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE										and menner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Memoliscole	#153	01	200	Coron Cu	29c. LICE	NSE NUMBI	ER	29d, OATE	SIGNEO (A	Month, Day, Year)
		oh 560	si Lock	8617	-	Bet	الرالم ا	now MD	-21	239	
	JUN 1 \$ 1993	32 BEGISTRAR	S SIGNATURE			Ī					



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Midrie, Last)

4. SOCIAL SECURITY NUMBER

215-80-7083

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1314	executed
×	pe
O. BC	certificate
J.	death
S	the
Z	that
SEC C	recuires
-	WE
4	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	At DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
VISION	ATTENDING
5	DR
	N

~	9s. FACILITY NAME (If not institution, give street and number	96. CITY, TOWN OR LOCATION OF DEATH. Middle River			9c. COUNTY OF DEATH Baltimore			
5	743 Kingston Road							
DIRECTOR	100. STATE 10b. COUNTY Maryland Balt		HTY, TOWN OR LOCA	Middle	River		d. INSIDE CITY LIMITS? YES 27 NO	
FUNERAL	100. STREET AND NUMBER 743 Kingston Road		10	101. ZIP CODE 27 220		10g. CITIZEN OF WHAT COUNTRY? United States		
В	11. MARITAL STATUS 1 \(\overline{\		2) NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)			14. RACE — Black, W Specify:	American Indian, rhita, etc. White	
בובה	(Specify only highest grade completed) (Give ki		ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use refined.) 16b. KIND OF BUSINESS/INDUSTRY					
COMPLE	Elementary/Secondary (0-12) College (1-4	Of 5+)	maid		Fords In			
	William M. Kern, St. Anita V. Cooper							
	19a. INFORMANT'S NAME (Typo/Print) Anita Y. Covington	HAILING ADDRESS (Street and Number or Pural Ploute Number, City or Town, State, Zip Code) 43 Kingston Road Middle River, Maryland 21220						
Section 1	20a, METHOD OF DISPOSITION 1	20b. PLACE OF DISF other pigce) Meadown		emetery, cremetory or Gdns 6/1		ON - City or Town		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	when;	22. NAME /	and Address of Facility at Ruck Funer 2 Wise Avenu	al Home o	of Dunda	lk, Inc.	
CERTIFICATION	ahock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death Interval Between Onset and Death							
	PART II. Other algnificant conditions contributed beginning to the conditions contributed by the	ng to deeth but not resultin	g in the underlyle	ng cause given in Part i.	24a. WAS AN AUT PERFORMED	No of	RE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO 1 Input lant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 200. DATE OF INJURY 200. TIME OF 200. INJURY AT 200. DESCRIBE HOW/IRJURY OCCURED 200. DATE OF INJURY 200. DAT					inging		
	3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJURY — At home, farr Iding, atc. (6) scilly	n, street, fectory, offi	GOME 201. U	OCATION (Street) and I	Number or Rural Rou	to Nurhelor, U	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Yea							
2	J. CROSS AN O WOND VAN M. D. 2112 DUNDALK ME BALT MD 2							
1	31. DATE FILED (Month, Day, Year) JUN 1 4 1993 Julia Da	STRAR'S SIGNATURE						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

Paula Lynn Kern

1 - M ZX F

2. DATE OF DEATH

6 7. DATE OF BIRTH
(Month, Day, Year)
2 - 25 - 1969

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

93

Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO -1220 and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Ybar) 6-10-93 MD 21222 BALT DHMH-16 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (FIRST, Middle, Lest WI.			2. DATE OF DEATH DAY YEAR J. TIME OF DAY JUNE 13, 1993 4:5			
TOR	4. SOCIAL SECURITY NUMBER 212-22-3269	5. SEX 6. AGE (In yrs.	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 26,1898	e. BIRTHPLACE (State or Foreign Country) Maryland	
	9a. FACILITY NAME (If not institution, give street and number) Howard County General Hospital RESIDENCE OF DECEDENT			b. CITY, TOWN OR LOCATION OF DEATH Columbia Boc. COUNTY OF DEATH HOWard			
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TO			r LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2210 Old Frederick Road			101. ZIP CODE 21228	CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	DECEDENT'S USUAL OCI (Give kind of work done do life. Do NOT use retired.)	iring most of working	16b. KIND OF BUSINESS	VINDUSTRY	
	12 Mail 17. FATHER'S NAME (First, Middle, Last) Samuel Kilbourne			Man U.S. Post Office 10. MOTHER'S NAME (First, Middle, Meiden Surmarne) Helen Mills			
TO BE	196. INFORMANT'S NAME (Type/Frint) 196. MAILING ADDRESS (Street and Number or Flural Ploute Number, City or Town. State, Zip Code) Mr. William Kilbourne, Jr. 2210 Old Frederick Rd. Catonsville, Md. 21228						
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	Drui	ce and date of disposit crematory or other place) d Ridge Cei	netery 6/	15/93 Balt	- City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE, CATONSVILLE, MD. 21228						
N: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	B. DUE TO (OR AS A CONST. DUE TO (OR AS A CONST. DUE TO (OR AS A CONST. DUE TO (OR AS A CONST.	SEQUENCE OF):		Syn do	interval Between Onset and Death	
	PART II. Other significant condition	d.	it resulting in the und	erlying cause given in	Part I. 24a. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)						
171	27. MANNER OF GEATN		28b. TIME OF	8c. INJURY AT	28d. DESCRIBE NOW INJURY		
	1 Maturel 5 Pending 2 Accident investigation		INJURY M	WORK? 1 YES 2 NO		OCCUREO	
ED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year)	INJURY M	1 YES 2 NO	281. LOCATION (Street and Num City or Town, Stete)		
ED BY	1 Chetural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	(Month, Day, Year) 28e. PLACE OF INJURY — At building, etc. (Specify) SICIAN: To the best of my knowledge, MER: On the basis of examination end/	home, ferm, street, factor	1 YES 2 NO	City or Town, Stete) to the cause(s) and menner as	aber or Rurat Route Number,	
D BY	1 Metural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER Check only	(Month, Day, Year) 28e. PLACE OF INJURY — At building, etc. (Specify) SICIAN: To the best of my knowledge, IER: On the basis of examination end/	home, ferm, street, factor death occurred at the tim or investigation, in my op	1 YES 2 NO	o to the cause(s) and menner as time, date and place, and due to	aber or Rurat Route Number,	

e hos	etache	
Dy da	d be d	IMPORTANT: If item 28 is marked as item 23 shaws any injury as other fraumstic event the madical avantages he assisted at account
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TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TVINE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.	
-	/	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH ANTE OF DEATH		93 17100		
	1. DECEDENT'S NAME (First, Middle, Lest) GEORGE FENWICK				2. DATE OF DEATH DAY	93 s. Time of Death 93 5:05 a. M		
DIRECTOR	4. SOCIAL SECURITY NUMBER 220-18-6710 9a. FACILITY NAME (If not institution, give s	5. SEX 8. AGE (In yrs. 1 X M 2 F 67 treet and number)	YRS. MONT	DER 1 YEAR IF UNDER 24 H IS DAYS HOURS M ETTY, TOWN OR LOCATION ((Month, Day, Year) 4/18/26	8. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD. 9c. COUNTY OF DEATH		
	DVA MEDICAL CENTER, FT. HOWARD, MD. FORT HOWARD BALTIMOR							
	MARYLAND BAL 100. STREET AND NUMBER	TIMORE CITY				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1516 SCHOOL STREE	\mathbf{T}	- 36	101. ZIP CODE 21	217	U.S.A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 XYES 2 IF YES, GIVE WAR OR DATES	ARMED NO	if yes, specify Cuban, M	ISPANIC ORIGIN? (Specify Year of exican, Puerto Rican, atc.) Specify:	or No- 14. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
BE CO	17. FATHER'S NAME (First, Middle, Last) GEORGE FENWICK 18. MOTHER'S NAME (First, Middle, Malden Surname) AGNES FLORINE							
5	19a. INFORMANT'S NAME (Type/Print) DOROTHY FEN WICK 1516 SCHOOL ST. BALTIMORE, MD. 21217.							
	20e. METHOD OF DISPOSITION 1 Disposition 3 Demonstrate 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) CROWNSVILLE VA. CENETERY 20c. LOCATION — City or Town, State CROWNSVILLE, HD.							
	21. SIGNATURE OF FUNERAL SERVICE LIC	D.B			BROWN JR. FUNI	ERAL HOME, P.A. D. 21223; P.O. BOX 4433		
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) CANCER OF TONGUE, TONSIL, AND CHIN DUE TO (OR AS A CONSEQUENCE OF):							
	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF): C. CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other algnificent condition	a contributing to death but not	resulting in tha	underlying cause give	n in Part I. 24a. WAS AN AL PERFORMI	ED? AVAILABLE PRIOR TO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
	1 YES NO 1X Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 1X Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28c. DATE OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED							
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		CIAN: To the best of my knowledge, on the basis of examination and/o			er as stated. due to the cause(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER Augustin Chyp. 23 D 29c. LICENSE NUMBER D-18298						29d. DATE SIGNED (Month, Day, Year) 6/9/93		
DR. CHYU, AUGUSTIN M.D. 9600 NORTH POINT ROAD, FORT HO					ORT HOWARD, M	ARYLAND 21052		
1	JUN 1 4 1993 9	32. REGISTRAR'S SIGNATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

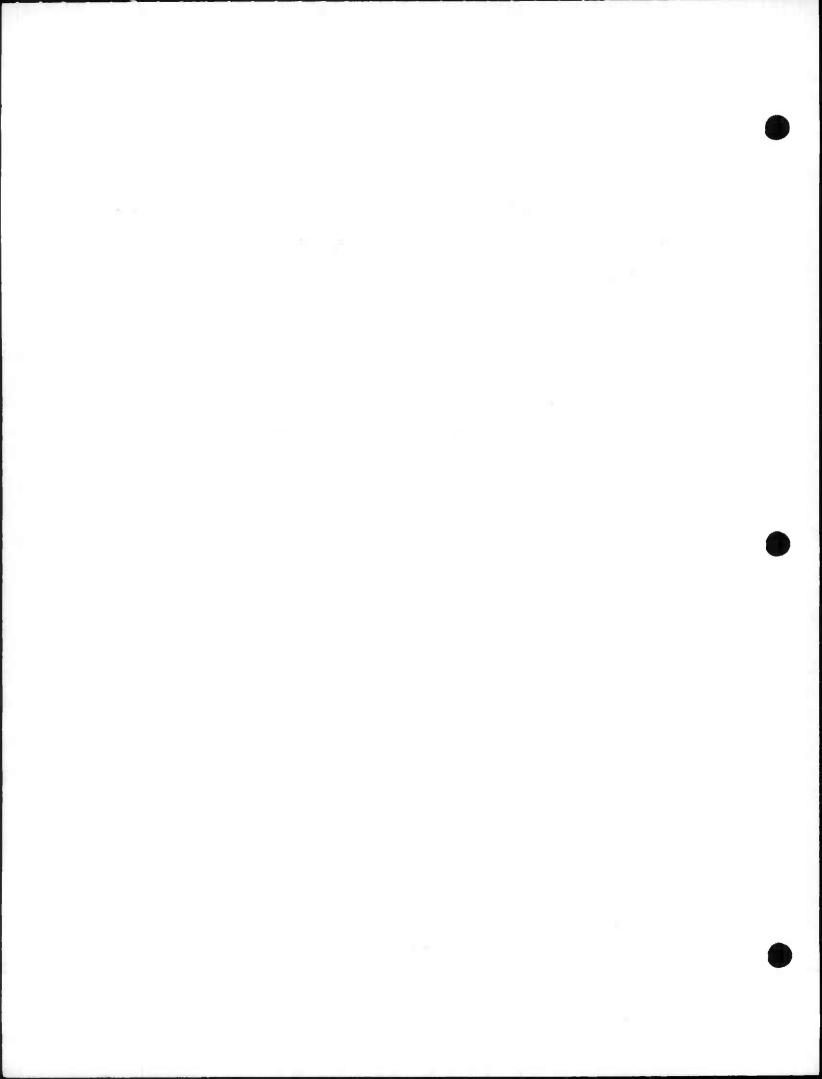
93 17199 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR BLANCHE 06 07 93 08:05 M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HMS. 8. BIRTHPLACE (State or Foreign 5-25-192 BALTIMORE, MD. Sa. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARINDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD. GLEN BURNTE 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22 MARLEY NECK ROAD 21061 USA. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whita, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ΒY Specify: 3 Widowed 4 Divorced LLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) GEORGE KESS IRENE H W 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARLEM AVE. PASEDENA, ND. 20a. METHOD OF DISPOSITION
1 ☑ Burlet 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sieta 4 Donation Other (Specify) CEMETERY GLEN BURNIE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES NAME AND ADDRESS OF FACILITY OSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. DOX 4433 23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition respiratory resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? erythe 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 I ER/Outpetient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE FU.
IN FORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29¢, LICENSE NUMBER BE 29d. DATE/SIGNED (Month, Day, Year) 28cm 38 2

JAMES J. BENJAMIN, M.D./653 OLD MILL ROAD/MILLERSVILLE, MARYLAND 21108

30., NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. RECOSTRAR'S SIGNATURE

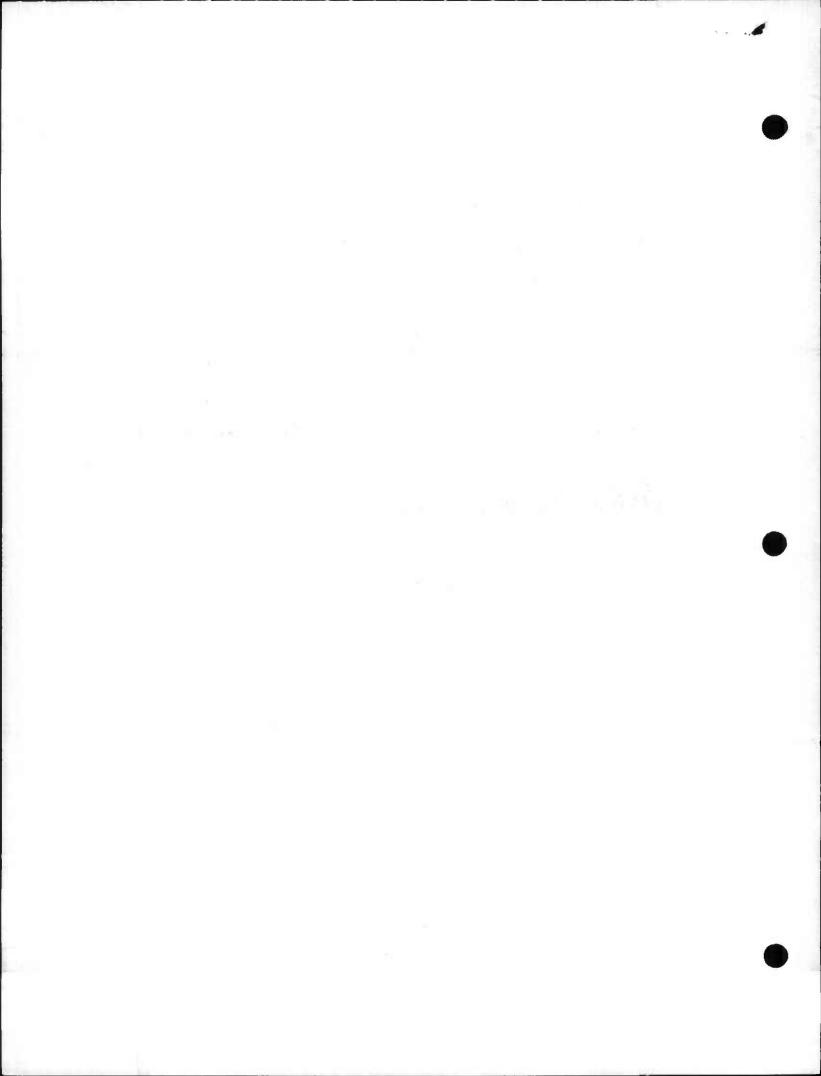
31. DATE FILED (Month, Day, Year)
JUN 1 4 1993



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 6-10-93 KLASS Charles Anthony 3:10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 12/2/25 DAYS 1 X M 2 F HOURS Balto., Md. 219-10-1322 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Baltimore Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TYES 2 T NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4208 Darleigh Rd. 21236 USA executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf was snecify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married if yes, specify Cuban, Maxican, Pu 1 ☐ YES 2 ☑ NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) detached for College (1-4 or 5+) 9 Chicago Manufacturing Machine Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) To funeral director, page 5 should be Henry H. Klass Marie M. Tontrup notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4208 Darleigh RD. Balto., Md. 21236 William Klass pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 ☒ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must 6/11/93 Metro-Crematory Baltimore, Md. 4 Donation 5 DOther (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home unor filled in by the fion, or removal. 7401 Belair Rd. Balto., Md. 21236 medical 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, event, the disease or condition arthroscle the Cartis Vasante Descrie resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Cardiovascular disease traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST any Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate death with the State EXAMINER? HOSPITAL:
1 ☐ Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural
2 Accident
3 Suicide 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED FUNERAL DIRECTOR: vithin 72 hours after o 4 Homicide 28 29s. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) HE HE 21056 ▶ 8/10/5] 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Antonio Martins 9000 Franklin Sq. Dr. Baltimore, ild. 21237 32. REGISTRAR'S SIGNATURE



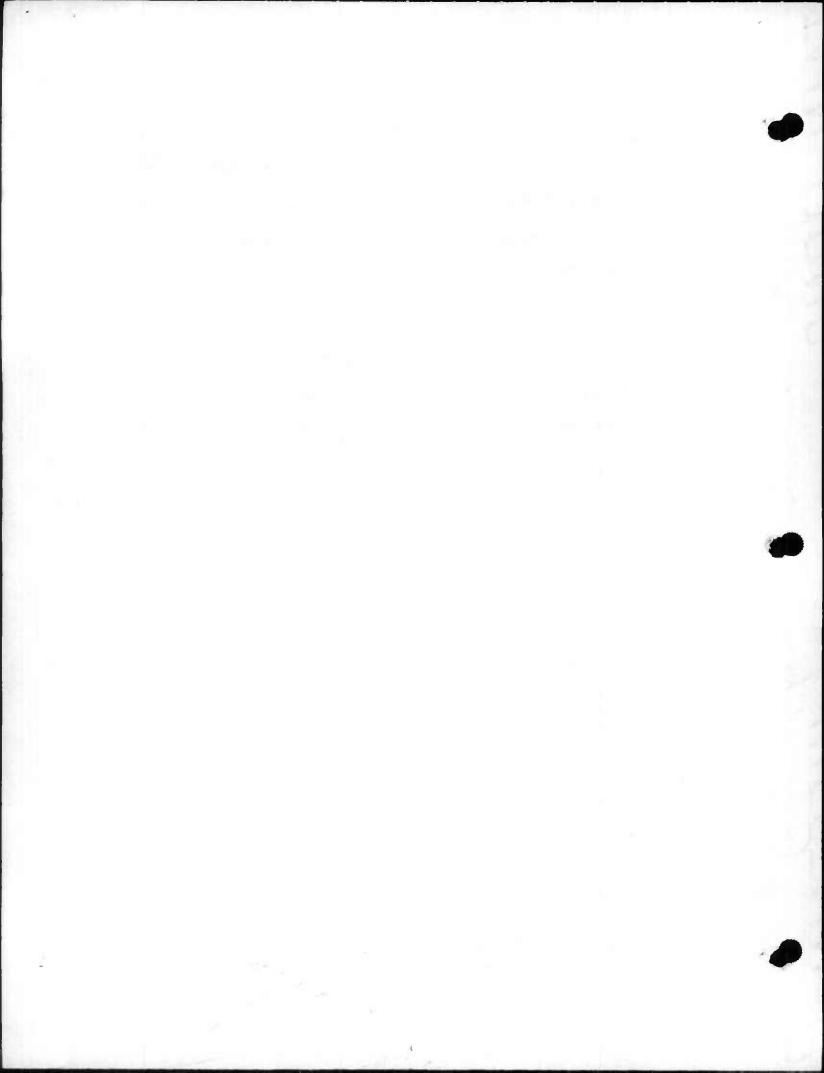
TO THE HOS MALE OF STENDING PHYSICIAN: The law requires that the death certificate be executed w. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINANT OFFICIAL OFFICIAL STENDING After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 MISION OF VITAL RECORDS, P.O. BOX 13146, OH LYTRIDING PHYSICIAN: The law requires that the death certificate be executed w.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT			GIENE S. NO.	00 11201
	1. DECEDENT'S NAME (First, Middle, Last)		LIGHTBOUF	RNE	2. DATE OF DEA	11 - 19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr. 1 M 2 D F 72	5. last birthday) IF UNDE MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIR (Month, Day,) 2-19-19	TN 6. 6. 918 B	BIRTHPLACE (State or Foreign Country) ERMUDA
TOR	99. FACILITY NAME (II not institution, give a UNION MEMORIAL HO RESIDENCE OF DECEDENT	eve e u	9b. CIT	BALTIMORE	EATN	9c. COUNTY	OF DEATN
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY SOUT	TH HAMPTON	10c. CITY, TOWN		uDA .	10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 1 1 YES 2 NO
ER/	13 ROSE HILL ROAL	D					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	(ZNO	WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 TES 2 NO Speci	an, Puerto Rican, e		. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 6+)	DECEDENT'S USUAL ((Give kind of work done life. Do NOT use retired.)	during most of working	16b. KtND	OF BUSINESS/INDUS	
MO	17. FATNER'S NAME (First, Middle, Lest)	1.2	LUMBING CO		AME (First, Middle,	Maiden Surneme)	
Ö	EARLSTON JAMES			ROSAL		ASCOMBE	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural			ode)
2	GARY LIGHTBOUR	NE	105 W. 3	9th ST., BA	ALTO, M	10 212	10
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify)	noval from State 20b. PL	her place)	lame of cometery, cremetory or HURCH CEME		OUTH HAMO	y or Town, State TON W. BERMUDA
	21. SIGNATURE OF FUNERAL SERVICE LI	ensee D. 1	2) 22	NAME AND ADDRESS OF F	ACILITY /	FUNERAL	
SATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Pulmon aw DUE TO (OR AS A CO	bleedy Discouence of):	and Ca	9		t, Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	PINSEOUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AU ANALABL COMPLET OF DEATI 1 YES					
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ort 3 DOA 4 N	R: Irsing Home 5 - Residence	8 Other (Spec	elfy)	
НХ	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		HOW INJURY OCCU	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO			
ED	3 Sutcide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY -	At home, farm, street, fa	ctory, office	26f. LOCATION City or Town	(Street end Number or n, State)	Rural Route Number,
COMPLET	CONSTRUCTION CONTROL C	SICIAN: To the best of my knowledgers: On the beele of examination en					
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	. //		29c, LICENSE N	UMBER	29d. DATE 1	SIGNED (Month, Day, Year)
	mon	Chun MD		D 39	141	1 6/	14/93
2	30. NAME AND ADDRESS OF PERSON W.	NO COMPLETED CAUSE OF DEATH Wolfe It.	Baltimer	e ZIZ8	7		
5	31. DATE FILED (Month, Day, Year) JUN 14993	32. REGISTRAR'S SIGNATU	ure ndett				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount and center and be may be retained by the number of the physician and completely filled in by the funeral director, page 5 should be detached for 10 be filed within 72 hours after death with the State Dept, or Health and Mental Hypleine prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

PHYSICIAN: MEDICAL

BY

BE COMPLETED

2

	FOR 1 - STATE REGISTRAR	STATE OF N			RTMENT				MENTAL HYGIE	NE	93	1720	2
	1. DECEDENT'S NAME (First, Middle, Last)					M			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEAT	Н
	Sister Mary Jam	es Lynch									993	11125	P. M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ins	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	17	6. BIRTH	PLACE (State or Fo	oreign
	215-54-3817	1 🗆 M 2 🔀 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 9,	1908		nsylvan	ia
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY	, TOWN C	R LOCATION	ON OF DE			UNTY OF D		
DIRECTOR	Villa St. Mich	ael			Er	nmit	sburg	2		Fr	ederi	lck	
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			100 CIT	Y. TOWN								
E												10d. INSIDE CITY LIMITS?	
	Maryland Fre	derick		Emi	mitsl	_	ZIP CODI	-		1		1 X YES 2	NO
RA												VHAT COUNTRY?	
FUNERAL	333 South Seton						21727				S.A.		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	T EVER IN U.S. AR YES 2 X	YNO If yes, specify Cuban, Maxican, Puerto Rican, atc.)				Yes or No— 14. RACE — American Indian, Black, White			an,			
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S U (Specify only highest grade completed) (Give kind of wo						ON at of working		16b. KIND OF B	USINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	·)	Do NOT u	se retired.)	ourng mo	at or worldr	'y					
MP		College	+ Te	eache	er				Daugh			narity	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maide	n Sumame)			
BE	Andrew James Ly 19a, INFORMANT'S NAME (Type/Print)	nch							Widd				
9	Control of the contro	77	198						Route Number, City or To		,		
	Sister Camilla	Harant							Emmitsburg			727	
	20a. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	St. C	OF DISPO	ph I	Prov	retery, cren 7 i n ċ	ial	House E	mm i t	sbur	mn, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	Section			22.	NAME AF	ND ADDRE	SS OF FA	cal Home			sburg,	Pa.
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert feliurs. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Cerebral Unstudies DUE TO (OR AS A CONSEQUENCE OF):								Approxim interval B Onset and	etween			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events												
CER	resulting in death) LAST	d											

EXAMINER?

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

4 Homicide

		DUE TO (OR AS A CONSEQUENCE OF):	
- 1	b	DUE TO (OR AS A CONSEQUENCE OF):	-
-	c	DUE TO (OR AS A CONSEQUENCE OF):	-
	d	SEL TO COMPANY A SOCIAL CONF.	

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. DIFATION DUPVILLEONI

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpellent 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation M 1 YES 2 NO

19a, CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
one)	2 TAMEDICAL EVALUATED. On the horizon of constraints and the first of

28e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify)

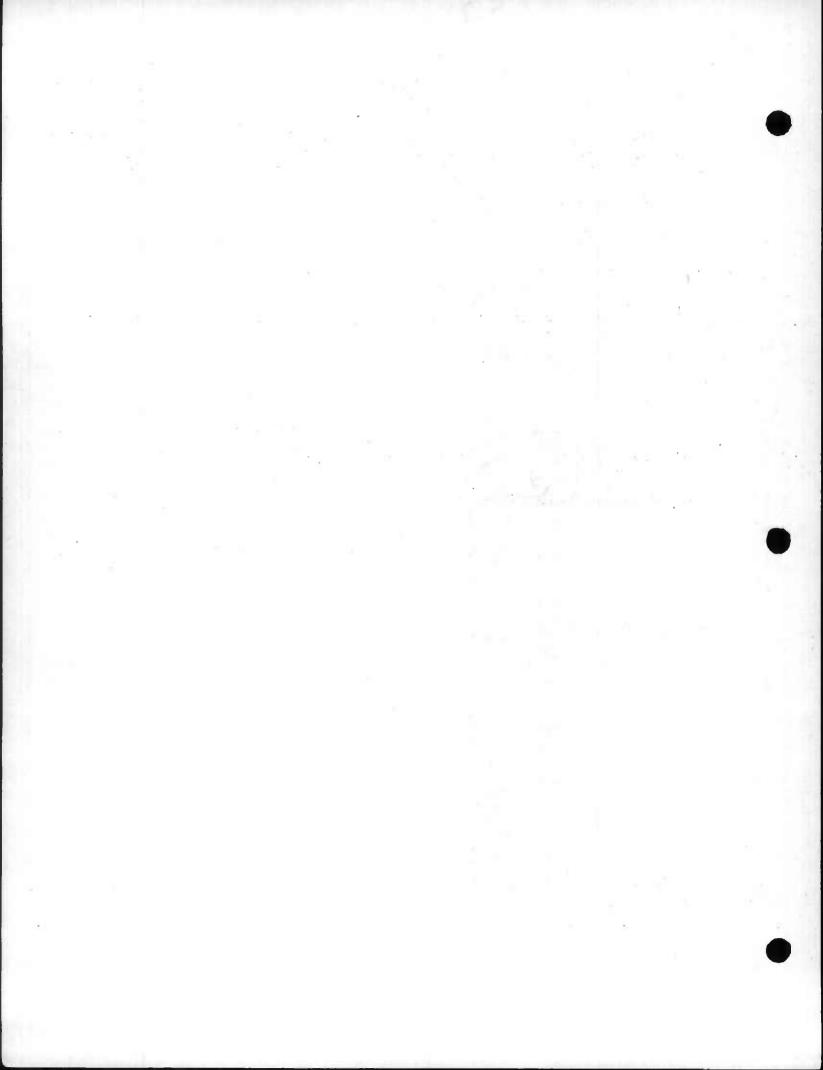
29b. SIGNATURE AND TITLE OF CERTIFIER

Gudlow BDOS DOLOGO ON WD 29d. DATE SIGNED (Month, Day, Year)

auseen Blasolle	ead me	MD 039415-L	6-7-93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		
Andrew Bloschichak MD	820 chtu	ubersburg Rd. 6	effesburg. PA
OF STATE OF			

JUN 1 4 1993 Julia Devidson Bondall

6 Could not be determined



hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal. notified at IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

2

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

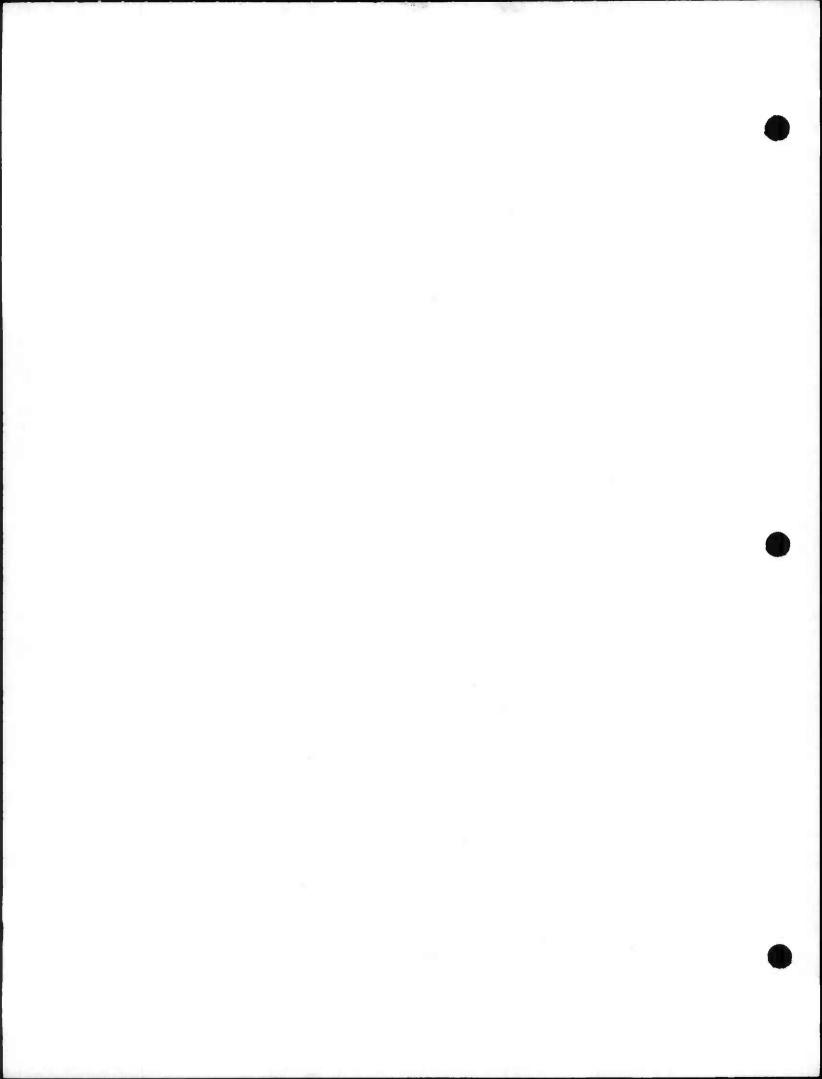
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93 17203 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JOSEPH FRANCIS LENTZ JR 6 2:00A 93 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 3/12/32 Maryland 218-28-6242 1XXM 2 | F 61 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH BE COMPLETED BY FUNERAL DIRECTOR 4307 North Charles St Baltimore N/A RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4307 North Charles Street 21218 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify, Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 X Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY

Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	red.)						
	5+	r		Private	Pract	ice			
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	16. MOTHER'S NAME (First, Middle, Maiden Sumame)					
Joseph Francis	Lentz Sr		Grace C. Necesson						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOO	RESS (Street and Number or Rura			ode)			
Michael J. Ler	ntz		th Charles Street						
20a. METHOD OF DISPOSITION		Ob. PLACE AND DATE OF DE	DISPOSITION (Name of						
Burist 200 Cremation B F	amove rom stary	emetery, crematory or other p	natory	6/15	Baltimor	e. Ma	rvland		
Denris Ster	hen Xenakis	M00640	22. NAME AND ADDRESS OF F	Mit	chell-Wiedef	eld H	ome		
23. PART I. Enter the diseases,			6500 York Roa	ch as carr	TIMURE, MAK	YLAND			
ahock, or heart fallu	re. List only one ceuse on	each line.	inter the mode of dying, ad	icii aa cart	nac or respiratory arrea		Approximate interval Between		
IMMEDIATE CAUSE (Final disease or condition	0100		A				Onset and Death		
resulting in death)	. GARDIO	PULMONA	124 ARDE	ST					
	^	A CONSEQUENCE OF):	, 0						
Sequentially list conditions.	- cyton	S A CONSEQUENCE OF):	us intec	non	1				
f any, leading to immediate	3 1 mm 4 1		7	1.					
CAUSE (Disease or injury	a ITLVA	ssocia.	ted lymp	non	18				
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	1						
estating in death) EAST	d								
PART ii. Other algnificent condit	iona contributing to death	but not resulting in th	e underlying ceuee given i	n Part (24a. WAS AN AUTOPSY	Tash were	AUTOPSY FINDINGS		
CMV Dar	0 0 h	S	o and onlying double given in		PERFORMED? AVA		ABLE PRIOR TO		
Maria in	2000	4		— I	1 TYES 2/ NO	OF OE			
wone rne	MY OW TO	acture		— i		1 🗇 '	YES 2 NO		
5. WAS CASE REFERRED TO MEDICAL	renal +	allure							
EXAMINER?	HOSPITAL:	OT	26. PLACE OF DEATH (C	check only on	e)				
1 TYES 2 NO	1 Inpatient 2 ER/O		Nursing Home 5 Residence	6 🗆 Other	r (Specify)				
7. MANNER OF OEATH	28a, DATE OF INJUR (Month, Day, Year		28c. INJURY AT WORK?	28d. OES	CRIBE HOW INJURY OCCUR	IED			
1 Natural 5 Pending 2 Accident Investigation	on		M 1 YES 2 NO						
3 Suicide 8 Could not	Dutiding, etc. (S)	RY — At home, ferm, street,	set, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
4 Homicide determined		,		City	or rown, State)				
9a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my kny	twinden death occurred at	the time, data and place, and du	o to the one					
			my opinion, death occured at th						
		<i>X</i> 7			and place, and dua to the c	ause(s) and n	namer as stated.		
96. SIGNATURE AND TITLE OF CERTIF	FR M.D.	Herrin	DI3	873	29d. DATE SI	IGNED (Manth	, Day, Year)		
O. NAME AND AODRESS OF PERSON		DEATH (ITEM 27) (Type, Print,			0 0				
VOSCR+ H	ISNERKD	UMCC 2	2. S GEE	ENE	St. BAZTT	MORE	MA		
JUN 1 4 1993	Julia Davidson	andett.							

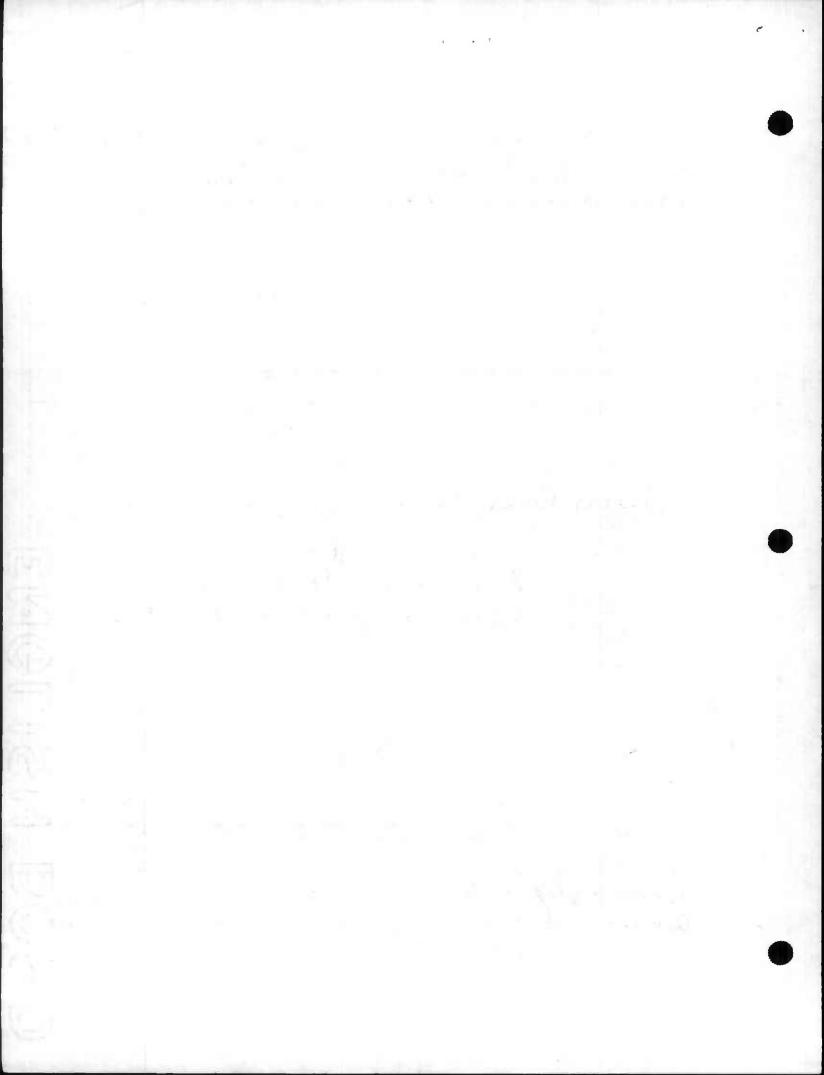


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 93 17204

						OLITIII	ICATE	. 01	DEATH		HEG. NO			
		1. DECEDENT'S NAME (First									ATE OF DEATH	AY	YEAR 3.	. TIME OF DEATH
		NORBERT GORDON LASSAHN 4. SOCIAL SECURITY NUMBER 5. SEX 2. AGE (In year line) biddidge.									6 9		93	м
		4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			ATE OF BIRTH fonth, Day, Year)		Country)	ACE (State or Foreign	
Pin		213-10-142		1 🔀 M 2 🗌 F	73	YRS.			10.00		16-19		Mary	rland
3 should	œ	9a. FACILITY NAME (If not in		street and number)					OR LOCATION O	F DEATH			TY OF DEAT	
2,	DIRECTOR	RESIDENCE OF DEC					1	'ows	on			Bal	timor	:e
Jes 1,	띫	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN D	R LOCA	TION				10	Dd. INSIDE CITY
<u>~</u>	뚭	Maryland	Balt	imore		S	parks							LIMITS?
permit. Pages	¥	10e. STREET AND NUMBER						_	r. ZIP CODE			10g, CITIZ		AT COUNTRY?
TSU.	ER.	12 Rain H	Flower	Path					21152			-97	S.A.	
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S	ARMED	13. V	WAS DEC	CENDENT OF HIS	SPANIC OR	IGIN? (Specify Ye	1	14. RACE -	- American Indian,
P 2 9	ВУ	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES	AR OR DATES 1 NO Specify:					rto Rican, etc.)		Specify: White	Vhita, etc.
215 attend	E	15. DEC (Specify only	EDENT'S EDU	CATION completed)	184	DECEDENT'S	USUAL OC	CUPATI	ON ost of working		16b. KIND OF BU			,
2121 tal or atte for use	COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)		ust or working					
AND 2 the hospital detached to once.	MP.			4 yrs		Pharm	acist				Pharm	acy		
the hor detach	8	John Charl		16.1							st, Middle, Maiden			
RYL ed by uid be	BE			ssann					Dorot			tchin		
MAR: retained to 5 should notified	2	Anna F. La				19b. MAILING	ADDRESS	(Street a	and Number or Re	ural Route A	lumber, City or Tow	n, State, Zip C	Code)	
BALTIMORE, MARYLAND let death. Page 6 may be retained by the hospite the funeral director, page 5 should be detached hail examiner must be notified at once.		20a, METHOD OF DISPOSIT			001 014			_						
ALTIMORE, leath. Page 6 may be funeral director, page		1 Burial 2 Crematic	n 3 🗆 Ram	ovst from Stata	cemetery	CEAND DATE	ther plecel					CATION — CI		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOTTaine Park Cemetery 6+12 Baltimore, 22. NAME AND ADDRESS OF FACILITY								re, M	ia.			
BALTIMORE, after death. Page 6 may be noval. cal examiner must be r		Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204												
B/ irs after of n by the removal.		23. PART I. Enter the di	seasea, or	complications the	at caused the	death Do	not enter	050	York F	Rd. T	owson,	Md. 2	1204	1 Adversarias
2 p 5 E	- 4	snock, or ne	eart milure.	List only one car	use on each	line.						ratory arre	Bt,	Approximate interval Between
within 24 no pletely filled cremation, or rent, the m		iMMEDIATE CAUSE (Findisease or condition	101	Dent	4 Ca	istio;	when	w.	- Ar	west	0			Onset and Death
68760, executed within and completely o burial, cremal natic event,		disease or condition resulting in death) Due to (DR AS A CONSEQUENCE OF): Sequentially list conditiona, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):												
687 wecuted and com burial,	z			a Pula	me	Ens 6	de 1	or	Aut	C 10	2			
O. BOX 68 artificate be execute ng physician and co giene prior to buria other traumatic	일	Sequentially list conditi If any, leading to imme		DUE TO	OR AS A CON	NSEQUENCE O	F):							
BC cate to prior p	<u>ই</u>	cause. Enter UNDERLYI CAUSE (Disease or inju		c										
P.O. BOX th certificate be en ending physician a I Hygiene prior to or other traum	ERTIFICATION	that initiated events resulting in death) LAS	т	DUE TO	DR AS A COM	NSEQUENCE O	F):							
DS, P.O he death certi the attending Mental Hygie njury, or ott	CE			d										ļ
ORDS, that the dear by the att the and Menta any Injury,		PART II. Other aignifica	nt condition	a Contributing to	death but n	ot resulting	in the und	derlyin	g cause given	in Part i				ERE AUTOPSY FINDINGS
Signed by Health and Health and Mys any	EDICAL										1 TYES 2		CO	MILABLE PRIOR TO OMPLETION OF CAUSE
Quires quires n sign f Heal	ME										DEATH?			
AL RE he law requ has been begin of i														
- F 2 2 3	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH	(Check only	y one)			
SICIAN: The certificate h the State h	YSI	1 TYES 2 NO		1 Inpatient 2		t 3 🗆 DOA			ne 5 🗆 Residen	ce 6 🗆 C	ther (Specify)			
NG PHYSICIAN: ther this certificate with the St marked, or it	E	27. MANNER OF DEATH 1 Netural 5	Pending	26a. DATE OF (Month, L	FINJURY Day, Year)	26b. TIM	IE OF		PRK?		DESCRIBE HOW I	NJURY OCCU	RED	
	ĕ I	2 Accident	investigation	200 DI ACE (DE IN HIPPY A		М		YES 2 NO					
28 after 28 L			Could not be determined	building,	OF INJURY — A , etc. (Specify)	t home, farm,	street, facto	ry, offic	•	26f, L	OCATION (Street a Stry or Town, State)	and Number o	r Rural Rout	e Number,
0/8 8 1	Ä	29a. CERTIFIER 1 CERT												
C SEE	COMPL													nd manner as stated.
SEFE	Ü U	29b. SIGNATURE AND TITLE							29c. LICENSE					onth, Day, Yeer)
TO THE De filed IMPOIN	0 8		5			_			1911	6		161	100/	93
	F	30. NAME AND ADDRESS OF											-/-	
1	1	Dr. Alan	Balda				cke	yvil	lle, Md	•				
	7	JUN 1 4 199	3 4	the Davidson	S.S. CHANG									

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	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AI		E
	1. DECEDENT'S NAME (First, Middle, L. A. SOCIAL SECURITY NUMBER	4001	SET (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24		8. BIRTHPLACE (State or Foreign
DR	218-36-880 90. FACILITY NAME (II not institution, g HAMILTON	4 1 M 2 VF No street and number)	NS H	96. CITY, TOWN OR LOCATION	(Month, Dey, Year) 4/30/03 OF DEATH 7 IN 6 h B	Baltimore 9c. COUNTY OF DEATH Baltimore
DIRECTOR	Maryland Bal			TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 \(\overline{\infty} \) Ses 2 \(\overline{\infty} \) No
ERAL	Hamilton Meridi	an Nursing Ho	me	101. ZIP CODE 21214		10g. CITIZEN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, specify Cuban, i	RISPANIC ORIGIN? (Specify Yes Maxican, Puerto Rican, etc.) Specify:	or No- 14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondery (0-12)					of Maryland
BE COM	17. FATHER'S NAME (First, Middle, Last Charles Trebess			18. MOTHER Emma	Thomas	Sumame)
TO	John Birkenbach		2212	Shepperd Rd. OF DISPOSITION (Name	Monkton, Md	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVIC 23. PART I. Enter the disease,	Funeral	Parkwood dankwood the death. Do n	Lassahn Fu 7401 Belai	offacility Ineral Home r Rd. Baltim	ore. Md. 21236 Iratory arrest, Approximate
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. Due to (on as	A CONSEQUENCE OF A CONSEQUENCE OF	THE SET	ZURES INFARC	Onset and D
MEDICAL C	PART II. Other algnificent cond	itione contributing to death	but not resulting i	n the underlying cause glv	en in Part i. 24a. WAS AN PERFOR	RMED? AVAILABLE PRIOR TO COMPLETION OF CAL
YSICIAN:	25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	rtpatient 3 🗆 DOA	28. PLACE OF DEATON OTHER:		
ED BY PHY	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide detarmine	26a. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, a	WORK? M 1 YES 2 N		and Number or Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXA	HYSICIAN: To the best of my known		n, in my opinion, death occured	at the time, data and place, ar	nd due to the cause(a) and menner as state
TO BE	20 NAME AND ADDRESS OF PERSON	mose m	DEATH (ITEM 27) (Type,	Print) Print) EVERGRE	7796	29d. DATE SIGNEO (Mopth, Day, Year)
	31. DATE FILED (Month, Day, Year)	52. REGISTRAR'S SIG	SNATURE Randall	L PREFILE	ENTVE	NZIVIK OTUBE /K



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

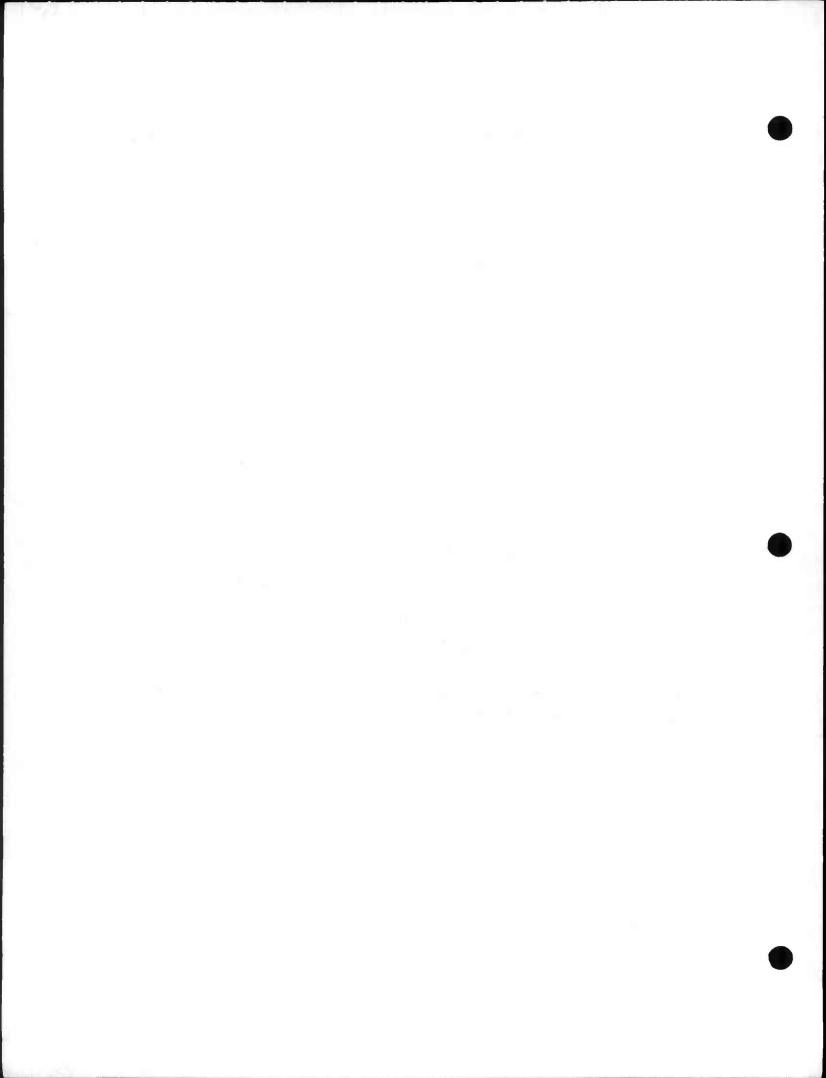
10 4,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurital-transit page 1.2.3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

93 17206 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last)

MIDDLETON, DOROTHY E,	11 9	3 2159 A M
	OF BIRTH	I. BIRTHPLACE (State or Foreign Country)
2\7-24-8550 1 M 2 NF G3 YRS. MONTHS DAYS HOURS MIN. (Months) 90. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number)	2-29	Y OF DEATH
Sinai Herritul Bato	Sc. COON	Y OF BEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		
red Ba Ho		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZE	EN OF WHAT COUNTRY?
3925 Southern Cross Drive 2/207 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL O		4.5.4
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto	N? (Specify Yes or No	4. RACE — American Indian, Black, White, etc. Specify:
3 Widowed 4 Divorced		Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Specondary (0-12) College (1-4 or 5 +) Ife. DeCEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	. KIND OF BUSINESS/INDU:	STRY
12th Day Care Provider		
18. MOTHER'S NAME (First, Middle, Legt). John H. Scott Oppolic	Middle, Maiden Surname)	C
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Num 19c. INFORMANT'S NAME (Type/Print)	ber, City or Town, State, Zip C	000) 2/207
200 METHOD OF DIRECTION	USS Drive	Babo, Mel
20s. METHOD OF DISPOSITION 1 S gurial 2 C cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLAGE AND DATE OF DISPOSITION (Name of cementry, crematory or other place)	92 OLA) NO	y or Town, State
21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	1 last	3
ortia Ebron Presso tu	abash	Ave
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as car ahock, or heart fellure. List only one cause on each line.	diac or reapiratory arres	Approximate Interval Between
IMMEDIATE CAUSE (Fine) disease or condition MUD 1 AP 1 TABLET AP		Onset and Death
resulting in death) a. INPOLAR DIAL TWFARITION Due To (or as a consequence of):		MINOIES
Sequentially list conditions, b. COLONARY TINSUFFICIENCY		HOURS
If any, leading to immediate cause. Enter UNDERLYING		
CAUSE (Disease or Injury that Initisted events DUE TO (OR AS A CONSCOUENCE OF):		
resulting in death) LAST		
PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
Knowmati Hart Disease	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Chronic Keral Insufficiency		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only o		
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Propetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other		
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dev. Yeer) 28b. TIME OF 10.JURY AT 28c. INJURY AT 28d. DE	SCRIBE HOW INJURY OCCU	RED
2 Accident Investigation M 1 YES 2 NO		
3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOC City	ATION (Street and Number or or Town, State)	Rurel Route Number,
29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ca	use(a) and manner as stated	
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date		
296. SIGNATURE AND TITLE OF CRATIFIED HOUSE STAFFF 29c. LICENSE NUMBER	29d. DATE S	HGNED (Mouth, Day, Year)
30. NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARK L. GLOTTH DO SAMA! HOSPITAL		1113
31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE		
JUN I 4 1993 Sharkander Andrew		

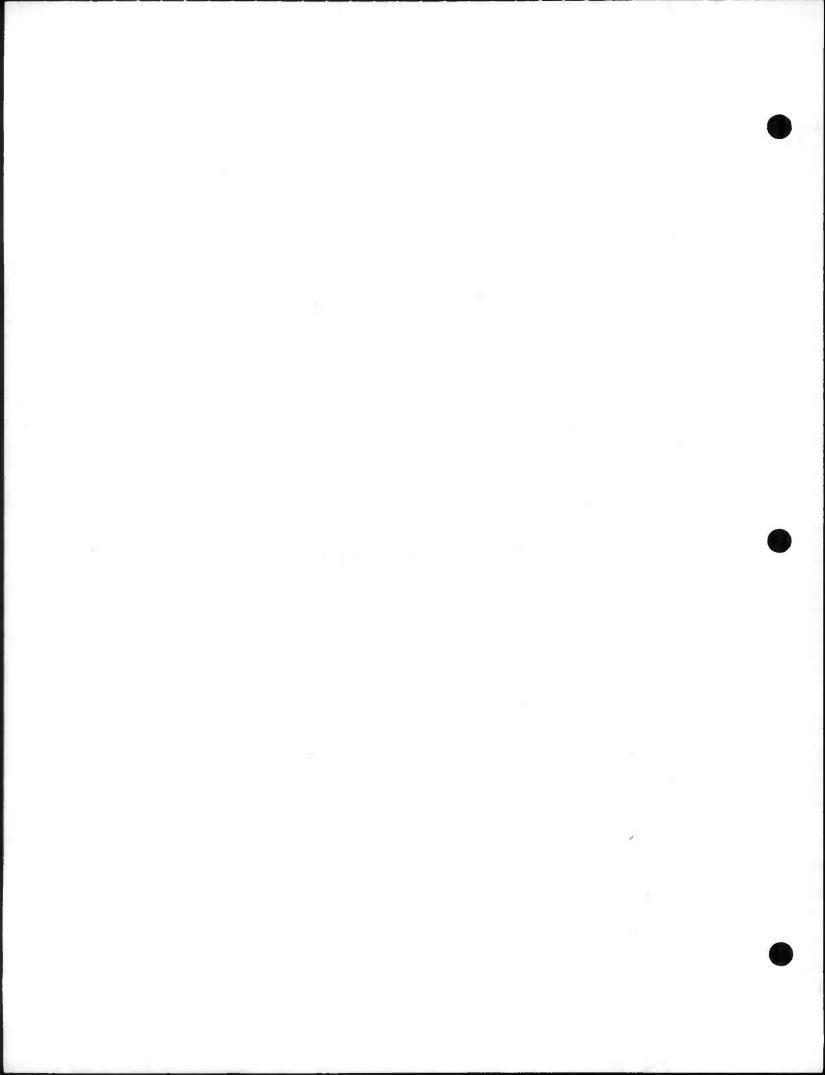


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SICIAN: The taw requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh the State Dept. or Meant Hygiene prior to burial, certainful, or entainful and the page 1, 2, 3 shows any failure or either transmits also also account to any failure or either transmits also account to a market of the transmits are the market as a permit of the property of the

	FOR 1 - STATE	STATE OF MARYLAND					17207	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ster	E OF DEATH	2. DATE OF DEATH MONTH 6 10) 199	3. TIME OF DEATH	
	213-14-7720	8. SEX 8. AGE (In yrs. let	YRS. IF UNDI	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	2 .	BIRTNPLACE (State or Foreign Country) D.	
TOR	9a. FACILITY NAME (If not institution, give atree 3204 Green Mead RESIDENCE OF DECEDENT	Road	9b. CIT	Batt	DEATH /	9c. COUNTY	OF DEATH	
DIRECTOR	100. STATE D 10b. CQUATY	alto	10c. CITY, TOWN	Balto			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3204 Greet 11. MARITAL STATUS		d	101. ZIP CODE 2 2	.07	U	OF WHAT COUNTRY?	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT OVER IN U.S. AF FORCES? 1 LYES 2 I IF YES, GIVE WAR OR DATES	IMED 13	I WAS DECENDENT OF NISP/ If yes, specify Cuban, Mark 1 TYES 2 OF NO Specific	en, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify Black	
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	College (1-4 or 5+)	CEDENT'S USUAL ive kind of work done to NOT use retired.	during most of working	16b. KIND OF BU	SINESS/INDUST	TRY	
E COMPL	17_EATHER'S NAME (First, Middle, Last)	Nister	actine	1 100101	AME (First, Middle, Maiden alvine	Surname)	her	
TO B	Delores B.	Mister "	3204	SS (Street and Number or Rura.	101	Balto	mp 2120	
	24 METNOD OF DISPOSITION Durial 2 Cremation 3 Remova Donation 5 Other (Specify) 21. SIGNATURE OF MERAL SERVICE LICEN	trom State corpotery, cre	AND DATE OF DISPO	SITION (Name of	61593	DUIN O	or Town, Stata	
	· Portin	Elyon		March F/H 4300 Wabas	West h Avenue		,	
	iMMEDIATE CAUSE (Final disesse or condition	t only one ceuse on each line).	^		iratory arrest	Approximata interval Between Onset and Death	
z	resulting in death)	DUE TO (OR AS A CONSE	QUENCE OF):	believery -	54 ravoire		6425	
RTIFICATION	Sequentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	QUENCE OF):					
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):					
MEDICAL	PART II. Other significant conditions of the pear Zerten - De	contributing to death but not r	resulting in the u	inderlying ceuse given in	Part I. 24s. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: ME	Herpes Zenten - Degrammettel Civerie Chstructur Duriery Disease Performed? 1 yes 2 no AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 no							
PHYSICIAN:	1 YES 25 NO 1	26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA Check only one) OTHER: 4 Nursing Home 5 Check only one)						
ВУ РН	III 1 VN Natural 5 Pandina						ED	
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)			281. LOCATION (Street City or Town, State)		tural Route Number,	
COMPLET	One) 2 MEDICAL EXAMINER: (N: To the beat of my knowledge, de On the beats of examination and/or					use(s) and manner as stated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Morrith, Day, Year)							

MAN KO MO TSO MAN 5TI RASTERSTOWN, MO 211 32. REGISTRAR'S SIGNATURE



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HISTITAL OR AT	AF	To hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	MANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 6-12-1993 YEAR Edgar L. McCormick 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Dey, Year) IF UNDER I YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 218-18-0725A 1 M 2 F 86 Country) 906 inginia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2719 Louise Ave. Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Md. ₩XYES 2 \ NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 2/2/4 10g, CITIZEN OF WHAT COUNTRY? 2719 Louise Ave. U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If was assectiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3. Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Chauffeur Trucking 17. FATHER'S NAME (First, Middle, Last) 10. MOTNER'S NAME (First, Middle, Maiden Surname) John E. McCormick Leona Petitte BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John E. Balto., Md. 21214 McCormick Louise Ave. 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE empetery, cremajory or other place)
Monetand Memorial Cem, 6/15 4 ☐ Donation 5 ☐ Other (Specify) Balto., Md. 21. SIGNATURE OF PUNERAL BERVICE LICENSEE Hantley Miller Funeral HOme Harlord Rd. Balto.Md. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finsi Onset and Death disease or condition resulting in death) Crata DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO e 5 Besidence 6 □ Other (Specify) 4 🗆 Ni 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 6 Could not be 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner es atated. MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE Wel 203

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WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

WELZANT

32 REGISTRAR'S SIGNATURE

2120

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

interval Between

Onset and Death

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MEDICAL CERTIFICATION

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25. WAS CASE REFERRED TO MEDICAL

1 YES 2 NO

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n	TO THE HOSPITAL OF ATTENDATION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL CHARGED AND MIS Certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours mental with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. Middle, Last Maxwell Ann Koll 2. DATE OF DEATH axwe 10 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F F DAYS HOURS YRS. 213-32-1026 5/30/33 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital Baltimore , City 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Balto Towson 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 516 Goucher Blvd 21286 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Secretary Physicians 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Michael Kol1 Marie Klein 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Norman Maxwell 5308 Tilbury Way - 21212 20e. METHOD OF DISPOSITION
Burlel 2 Commetten 3 Ren
Fig. Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION --- City or Town, State Most Holy Redeemer Cemetery 6/1 /93 21. SIGNATURE OF PUNERAL SERVICE-LICENSES 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 Ruck Towson Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Preunionic wa DUE TO (OR AS A CONSEQUENCE OF): M Acute Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) eptic Shoc cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

MOSPITAL:
10 Inpatient 2 - ER/Outpatient 3 - DOA

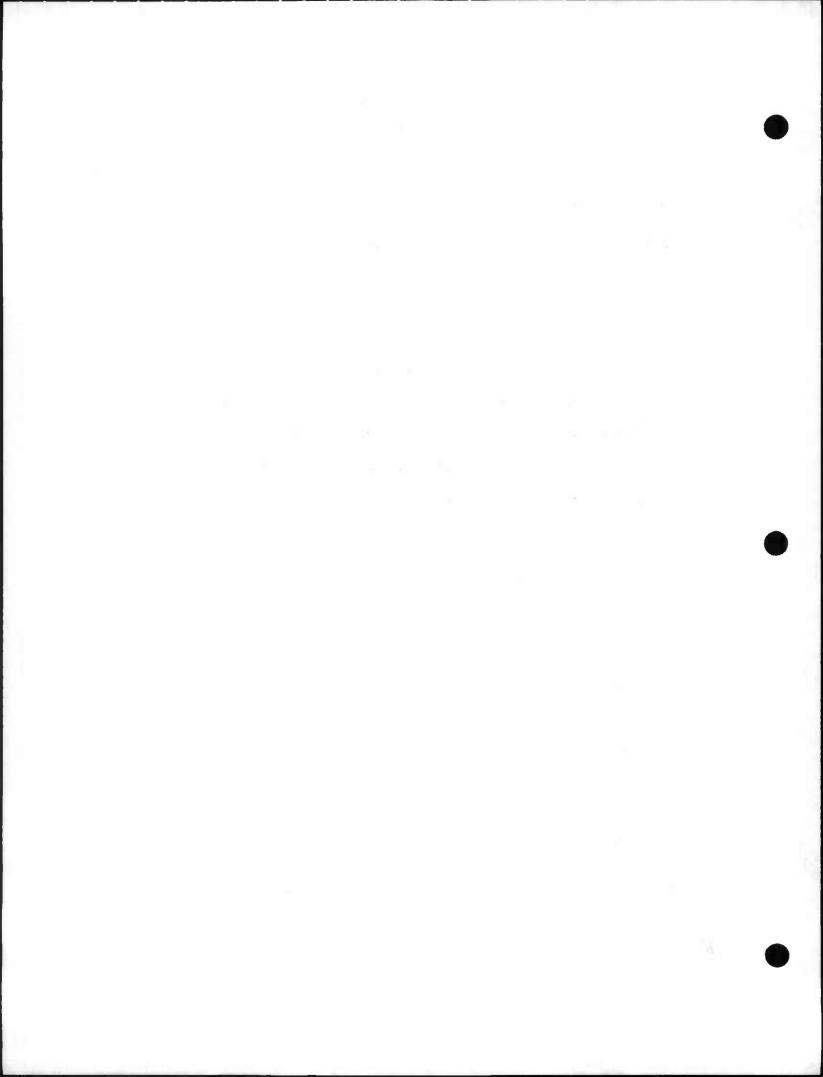
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — Al building, etc. (Specify)	home, ferm, streel, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge	, death occurred at the	time, date end place, end du	te to the cause(e) and menner as stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the ilme, date end place, end due to the ceuse(e)

OTHER:

26. PLACE OF DEATH (Check only one)

Robbinson Medical	Resident	29c. LICENSE NUMBER St Agnes Hospital	29d. DATE SIGNED (Month, Day, Year) ▶ 6 — 8 -93
80. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE		64	. 6:
	KSHMI, ST. AGIVE	25 HOSPITAL, BA	LT/MORE /21220
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FOR

	1 - STATE REGISTRAR	OIAIL OI I	CEI	RTIF	ICATE	OF	DEA	LH	MENIAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las	•							2. DATE	OF DEATH			3. TIME OF DEATH	Н
	CHARLES MITC	CHELL								, 2	7	92	800	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oirthday)	IF UNDER		IF UNDER		7. DATE (1	8. BIRTI	HPLACE (State or For	ign
	213-12-6106	1 M 2 □ F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	07	197	L5		d.	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COL	INTY OF C		
O	CHURCH HOSPI	TAL CORE	PORATION	1	В	ALT	IMO	RE C	CITY					
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		100 017	V TOURI C	20.0047	1011							
<u>E</u>	Reltimore 100. INSIDE							-VLIMITS?						
	10e. STREET AND NUMBER						. ZIP CODI				10.00		1 TYES 2 1	NO
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FUNERAL	280 Ballou Ct		T.EVER IN U.S. ARME	ED.	13. 1	WAS DEC	212 ENDENT O		IIC OBIGINS	/Enseity Va	o or No	U.S	e E — American India	_
11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 NO 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. If yes, specify Yes, or No— 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC OR HISPANI					Blac	k, White, stc.								
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9	Elementary/Secondary (0-12)	College (1-4 or 5	Hite D	o NOT u	work done (se retired.)	aunng mo	st of workin	g						
MP														
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, M	iddle, Meiden	Surneme)			
BE	Leon Mitchel	1					Be	rth	a Ro	les				
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow				
	Brenda Foster			47				d R	d. 0	_			Md. 21	.061
	20e. METHOD OF DISPOSITION 1 Burlel 2- Cremation 3 Re	emoval from State	20b. PLACE ANI cemetery, crema	itory or o	ther place)				DATE		CATION -			
	4 Donation 5 Other (Specify) 21. SIGNAPURE OF FUNERAL SERVICE	I ICENSEE	Metro	Cr	rema		V IN	-		4/93	ltir	nore	, Md.	
	· Collan	n-War	morie	719	H :	270	0 Ed	mon	dsor	Ave				
	23. PART In Enter the diseases, o	r complications the	t caused the deat	h. Do r	not enter	tha mo	de of dvi	ng. suct	NICL .	212	iratory ar	rest	Approximat	to
	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chr	on each line.	1	sol					et d			Interval Bei Onset and	tween
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	(OR AS A CONSEQUE	ENCE O	F):									
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUE	ENCE O	F):									
ER	resulting in death) LAST	d												
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主	27. MANNER OF DEATH	/ Se. DATE OF	INJURY 2	28b. TIM	E OF	28c. INJ		sidence		(Specify)	NJURY OC	CURED		
ВУР	1 Netural 5 Pending	(Month, D	ny, Year)	INI	URY M	1 Y		NO						
								-						
	4 Homicide determined building, etc. (Specify)													
2 1	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.													
COMPLETED		NER: On the basis of ea											e) end manner es eta	rted.
Ö U	296 SIGNATURE AND TITLE OF CERTIF			-				NSE NUM					(Month, Day, Year)	
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2	AND ADDRESS OF PERSON Y	VHO COMPLETED CAUS	E OF DEATH (ITEM 2	7) (Type,	Print)		1	7 1	1			_		,
	Henry K	-Ose	Chi	n	ch	t	test	nt	4	Bai	161	not	e Mo	∤ ·
44	31. DATE FILED (Morth, Day, Year) 11. 1 4 1993	guia Devido	A'S SHANKER				0							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

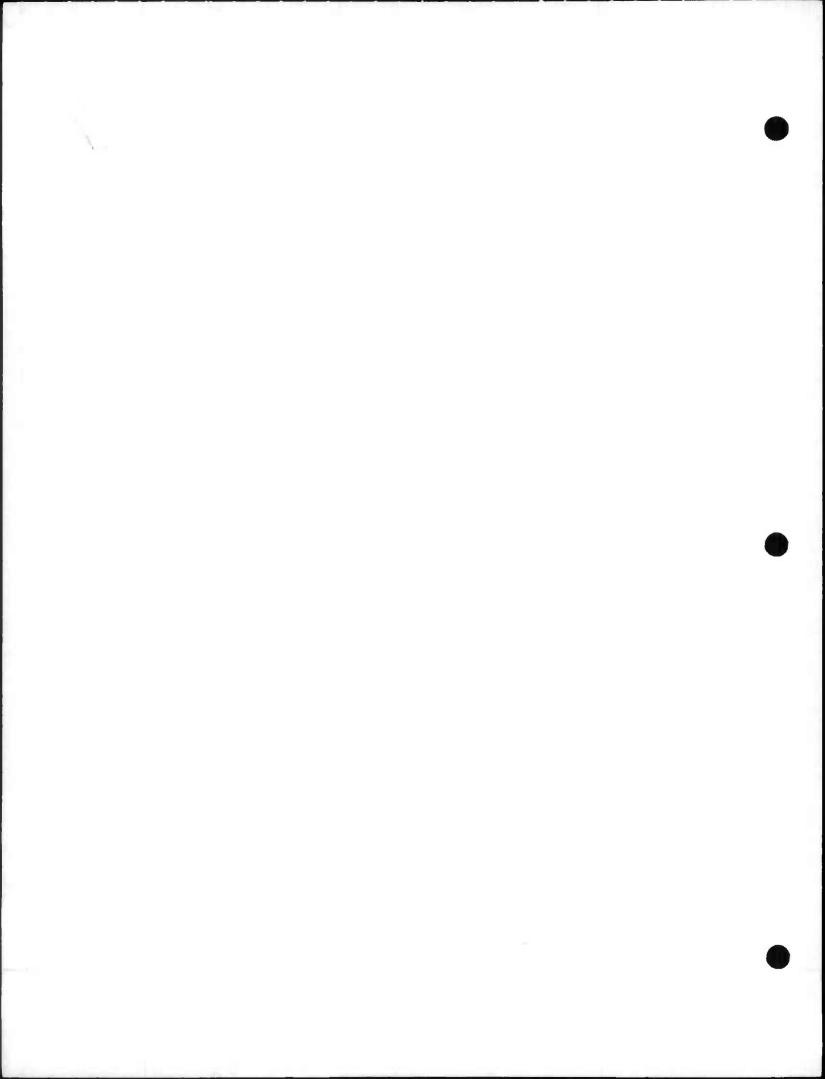
FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ewee CI A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. -10 1 2 4 2 | F DAYS VRS funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number Sh. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL. DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Snectiv 3 Widowed 4 Divorced COMPLETED 18a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at BE ELIZABETH ANN MCLEWEE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 935 Grove Hill Road Balto, MD. pe 20a. METHOO OF OISPOSITION
1 Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, Stata 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. or removal. the medical 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximets shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disease or condition espivatory Fai Wie 30 min resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): prior to burial, (~ 23 WEEKS avena traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): cate has been signed by the attending phys State Dept. of Health and Mental Hygiene p Item 23 shows any Injury, or other i OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 19-110 OF CEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL r this certificate ha 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 □ Nursing Home 5 □ Rasidence 8 □ Other (Specify) 1 YES 2 THO effect 2 ER/Outpatient 3 DOA 9 28b. TIME OF 27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation DIRECTOR: After the hours after death vitem 28 is mark BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED e Could not be 4 Homicide TO THE HOSPITAL OR ATTY
TO THE FUNERAL DIRECTE
De filed within 72 hours af
IMPORTANT: If Item 24 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE Delu D294 reverend 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) AGNE 10 V JARI CATON AVENUE SALTHURE 31. DATE FILEO (Month, Day, Year)

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29b. SIGNATURE AND TITLE OF CERTIFIER

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Beulah O'Neal 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 🗌 M 2 🎇 F YRS. 235-38-2318 68 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 126 Roundup Road Middle River 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Middle River FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 126 Roundup Road 21220 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.) ALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married ВУ 1 YES 2 KNO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9 House Wife 17. FATHER'S NAME (First, Middle, Last) notified at Wimmer Issac BE Polv 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Chervl 126 Roundup Road Middle River, Maryland 21220 Powell Pe 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must director, Holly Hill Mem. Gard. 6/14/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Bruzdzinski Funeral Home PA 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, immediate Cause (Final Internal Page 2). Part I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, immediate Cause (Final Internal Page 2). filled in by the filon, or removal. medicai IMMEDIATE CAUSE (Finei 54 the disease or condition prior to burfal, cremation, 0 completely Condung event, resulting in death) DUE TO (OR AS A CONSEQUENCE OFT etestatic traumatic bra CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events injury, or other Hygiene DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST After this certificate has been signed by the atterdeath with the State Dept. of Health and Mental PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL shows any PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) item HOSPITAL -OTHER: 1 ☐ YES 2 ☐ NO tient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28 is marked, 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 6 Could not be determined COMPLETED 4 Homicide Hem 29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(a) and manner as stated. FILERAL (=

93 17212 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH YEAR June 12 1993 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) West. Virginia 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Home 18. MOTNER'S NAME (First, Middle, Maiden Surname) Akers 20c. LOCATION - City or Town, State DATE Baltimore, Maryland nd 2]22] Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 26d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

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Pages 1, 2, 3 should

291 SIGNATURE AND TITLE OF CERTU

31. DATE FILED (Month, Day, Year)

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE PONDAR

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ABRAHAN YEAR 0410 9 993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 M 2 - F 79 03 5646 DAYE Pennsylvania YRS 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove Adventist Hospital DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Florida Broward Hollywood 1 YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3850 Washington Street 33021 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Pusrto Rican, etc.)
1 YES 2 100 Specify: 14. RACE — American Indian, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION lecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) Owner/Operator Ace Electric Supply Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Louis Press Celia Gold BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Stephen Press 14920 Plainfield Lane, Darnestown, Md. 20874 20a. METHOD OF DISPOSITION
☆□ Burlel 2 □ Cremetion 3 □ Removal from State DATE _ 020c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Gans. correction David Memorial Falls Church, Va. 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, Va. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arreat, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition hus reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE HEPATIL France 1 YES 2 NO OF DEATH? Rom Frunc 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 100 itient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 🔲 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 29a, CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pieca, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place,

29c. LICENSE NUMBER

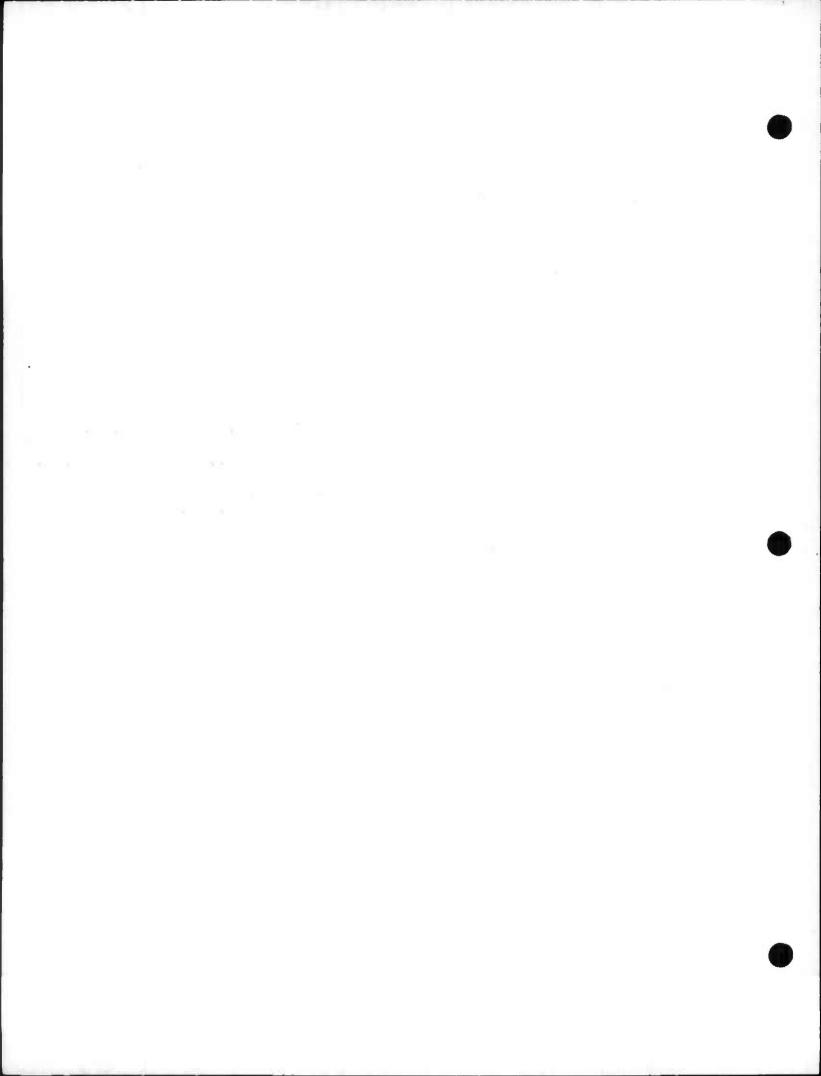
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29d. DATE SIGNED (Month, Day, Year)

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pital or attending physician.	ed for use as the burial-transit permit. Pages 1, 2, 3 should	
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Miglene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HUSPITAL OR ATTENDING PI	IN THE FINE BALL DIRECTOR: After this in the limit with a limit of the	MPORTANT: If item 28 is marked

John W.

Bowie M.D.

	FOR 4 STATE	STATE OF MARY!	LAND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGIEN	93	17214			
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH				
	JAMES WILSON POUL				June 8, 1	993	2:25 pm				
	4. SOCIAL SECURITY NUMBER 220-30-3107		(In yrs. last birthday) 85 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 21,		BIRTHPLACE (State or Foreign Country) Maryland			
	9e. FACILITY NAME (If not institution, give str		9b. CITY, TOWN	OR LOCATION OF O		9c. COUNTY	-				
TOR	Roland Park Place Baltimore										
DIRECTOR	Maryland 106. COUNTY			TY, TOWN OR LOCAL	ATION		10d. INSIGE CITY LIMITS?				
	10e. STREET AND NUMBER	Da		of, ZIP CODE		1 ₺ YES 2 □ NO					
FUNERAL	Roland Park Place:		2	21211		.A.					
BY FUI	11. MARITAL STATUS 1 \(\begin{align*} \text{Nover Married} & 2 \cdot \text{Married} \\ 3 \cdot \text{Widowed} & 4 \cdot \text{Divorced} \end{align*} \text{Widowed 4 \cdot \text{Divorced}} \end{align*} \text{12. Was OECEDENT EVER IN U.S. / FORCES? 1 \(\begin{align*} \text{Y ES 2 } \cdot \text{FORCES? 1 } \begin{align*} \text{Y ES 2 } \cdot \text{FORCES? 1 } \begin{align*} \text{Y ES 2 } \cdot \text{VISION IN TABLE STATUS } \\ 3 \cdot \text{Widowed 4 } \cdot \text{Divorced} \end{align*} \text{VISION IN TABLE STATUS } \\ VISION IN TABLE S			M una a		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	RACE — American Indian, Black, White, atc. Specify: White				
	15. OECEDENT'S EOUC		_		A						
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)			S USUAL OCCUPAT work done during in use retired.)		16b. KIND OF BUSINESS/INDUSTRY					
N N	17. FATHER'S NAME (First, Middle, Last)	+ years	Profes	sor				s University			
8	William Davis Po	111 t nov				ME (First, Middle, Maiden	Sumeme)				
BE	19a. INFORMANT'S NAME (Type/Print)	urthey				or Wilson					
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 485 Wedge Drive, Naples Florida 33940										
- 1	206. NETHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of Cametion 3 - Removal from State Cametery, cremetory or other place).										
	St. Thomas Episc. Church 6/14 Garrison Forest, MD										
	Thomas Joseph	Beself		22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc. 6500 York Road, Baltimore, MD 21212							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
1	shock, or heert feilure. L iMMEDIATE CAUSE (Finei disease or condition	ist only one ceuse on e	eech line.	1:41	- //	4	t and a second	Interval Between Onset and Death			
resulting in death) a. DNE TO (OR AS A CONSEQUENCE OF):											
_	Pa										
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE C	PR:				2.3 Days			
¥	If any, leading to immediate cause. Enter UNDERLYING										
E I	CAUSE (Disease or Injury that initiated events										
E	resulting in death) LAST										
- 11											
×	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PROFINED? AMALABLE PRIOR TO										
ă		NO	COMPLETION OF CAUSE OF DEATH?								
Z			1 TES 2 NO								
ä											
PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
₹	1 YES 2 TWO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out		_		8 ☐ Other (Specify)					
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
_	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory, offi	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E.	298. CERTIFIER 1 PERTIFYING DUVELCIAN. To the house of the control										
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, dasth occurred at the time, data and place, end due to the cause(s) and manner as stated.										
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)										
	Hohn W.		0200	19/93							
2	30. NAME/AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	SATH (ITEM 27) (To	Owint							

6800 York Road, Baltimore, MD 21212 Suite B

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1. DECEDENT'S NAME (First, Middle, Last) M. Floyd Peyton 2. DATE OF DEATH 3. TIME OF DEATH Pey 23 40 PM 6 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, You IF UNDER 1 YEAR IF UNDER 24 HRS 215-30-5351 1 1 M 2 | F DAYS HOURS VA 4-24-05 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Joseph DIRECTOR HOSP. TAL MD. BAI More RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Baltimore Maryland Baltimore 1 TYES 2XX NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 201 Regester Avenue 21212 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YEVEY YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, F 1 Never Married 2 Married BY Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EOUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY jo Coflege (1-4 or 5+) 8 detached Cabinet Maker Self Employed once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) funeral director, page 5 should be To H. Sutton Peyton Marion Stith BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Maclin F. Peyton 22 Witherspoon Ct Towson, Maryland 21204 20s. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Sista OATE must All lerst etory or other piece) 6/8 Amherst Virginia event, the medical examiner 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home M00640 6500 York Rd Balto. Md 21212 een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or haert fellure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 1000 within resulting in death) DU TO (OR AS A CONSEDUENCE OF) ated other traumatic CERTIFICATION Sequentially list conditions, DUE TO CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initieted events resulting in death) LAST 0 inlury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED: shows any 1 TES 2 TVNO 1 YES 2 NO HEDITR: After this certificate has been a rer death with the State Dept. of P PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ne 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED MPORTANT: If item 28 4 Homicide 1 V CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. NATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mg BE 포포 29 20 along 6 223 2 WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) TOW SON 21204 110

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

X 1 / X Aures

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

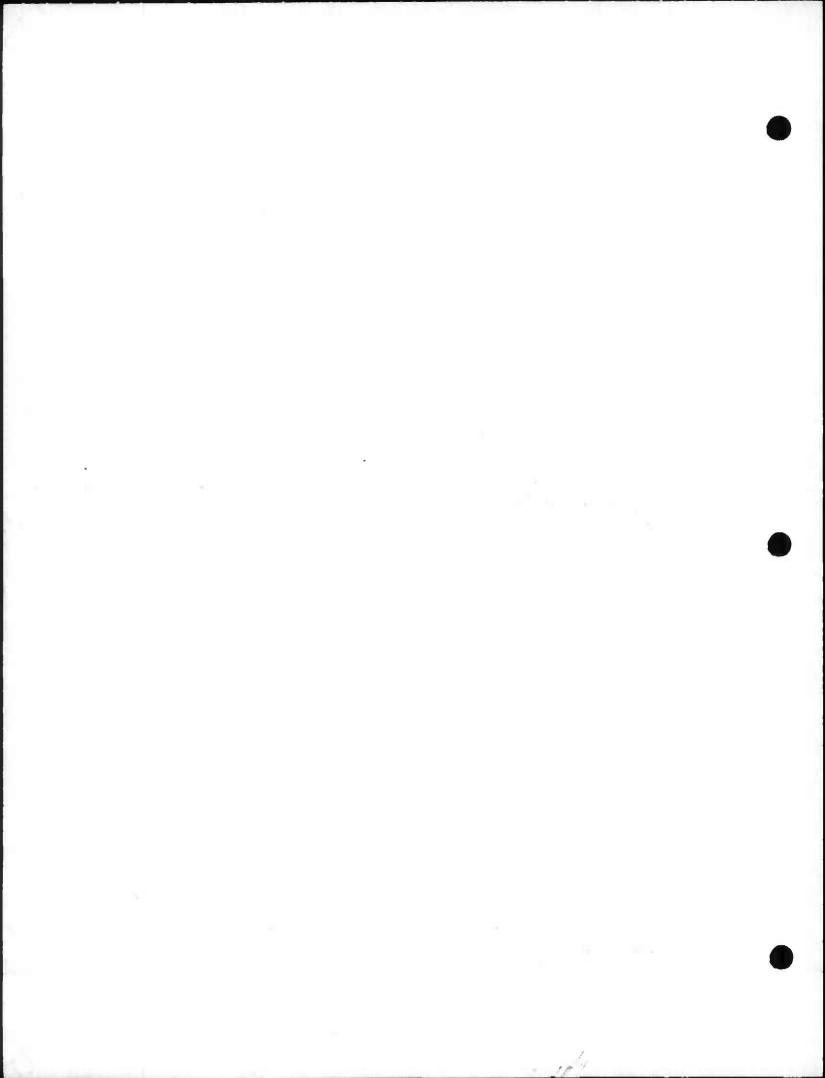
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DIVISION	

		1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF OEATH
		MINNIE JOHNSON PYLES BY 93 2400										2400.	
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in	yrs. lest birthday)			IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH	PLACE (State of Foreign
20		518-40-0521	1 🗆 M 2 💢 F		TZ YRS.	MONTHS	DAYS	HOURS	MIN.	11/5/00	2	South	Carolina
3 should	000	9a. FACILITY NAME (If not institution, give	street and number)					OR LOCATI	-		9c. COU	NTY OF DE	ATH
۲,	ECTOR	HOLY CLOSS HE	55/ TIA L	****		SILVER SPRING					MON	160	mony
ges 1) H	10e. STATE 10b. COUN	ТҮ		10c. Cl	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY
.F.	DIR	MD F	.6.		H	YAT:	TSV	ILL	5			- 1	LIMITS?
ELed	\A	10e. STREET AND NUMBER					100	. ZIP COD	E		10g. CIT		HAT COUNTRY?
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ing physician. the bunal-transit permit. Pages 1,	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U	U.S. ARMED					IC ORIGIN? (Specify Yen, Pueto Rican, etc.)	s or No—	14. RACE Black	- American Indian, White, atc.
of the by	B≺	3 Widowed 4 Divorced	IF YES, GIVE V					2 🙀 NO				Blac	r:
as an	CD	15. DECEDENT'S ED	UCATION		16a, DECEDENT'S	S USUAL O	CCUPATIO	ON		18b. KIND OF BU	CINECC/INI		
5 5	<u> </u>	(Specify only highest grad			(Give kind of life. Do NOT a	work done see retired.)	during mo	st of world	79	I I I I I I I I I I I I I I I I I I I	3111233/1111	JUSTAT	
the hospital detached fo	7	11th Grade	N/A or 5		Elevat	or 0	pera	tor					
detact	00	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
	111	B. D. Johns	son						Ella	Floyd			
5 should be detached	0	19a. INFORMANT'S NAME (Type/Print) Field Johns	202		19b. MAILING	G ADDRESS	(Street a	nd Number	or Rural F	NE, Wash.	vn, State, Zip	Code)	20010
y be n									Trec			1	
24 hours after death, Page 6 may be retained by filled in by the funeral director, page 5 should be on, or removal. The medical examinae must he motified at		20a. METHOD OF OISPOSITION 1 A Burlal 2 Cremation 3 Rer	moval from Stata	20b.P	ery, crematory or	OF DISPOS	ITION (Na	me of	- 1			City or Tow	
direc	6	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	- 1711	COIN					15/93 Su			
death, Pag e funeral dir J.		10.5	61				IVAME AI	2 0 3	33 OF FA	John T.	Rhin	es (Co., Inc.
the ford.		Juan 3030 12th Street NE, DC 20017											
d in by the or remove		23. PART I Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or reapiratory arrest, ahock, or heert fellure. List only one cause on each line. Approximate interval Between											
₹ E E E		iMMEDIATE CAUSE (Final disease or condition	0	V				- 2	1				Onset and Death
completely fill ial, cremation, event. the		resulting in death)	S. DUE TO	Lega .	- Ch	end	4pl	30	90	red			mare
5 5 5 6	4 - 1	_	aska	en and	12 OZ	Con	1	who		· Die			10.
8 " 0 =	CATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
E 2 -	101	cause. Enter UNDERLYING CAUSE (Disease or injury	C										
nding phy Hygiene p	ERTIFI	thet initieted events resulting in deeth) LAST	OUE TO	(OR AS A C	ONSEQUENCE O	F):							
	병	d.											
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signed by the Health and Incomes any Incomes and Incom	EDICAL	N N									PERFORMEO? AMAILABLE PRIOF COMPLETION OF COM		
been sign of Healt	MEI												OF DEATH?
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ntsludant the law his certificate has b with the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIPAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
ertific the Si	IXSI	1 VES 2 THO	1 Unpatient 2		lent 3 DOA			5 □ Ra	sidence	□ Other (Specify)			
	РНҮ	27. MANNEB OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIN	URY M	_	RK?		26d. DEŞCRIBE HOW I	NJURY OC	CURED	
After death	0	2 Accident Investigation 3 Suicida & Could get be	28s, PLACE O	F INJURY	At home, farm,	etraat fact		ES 2	NO	and I continue to			
TOR: after	1 111 11	4 Homicide Could not be	building,	etc. (Specify))	acreet, lact	ory, ornea			281. LOCATION (Street City or Town, State)	and Number	or Rural Ro	ute Number,
DIRECTOR; After hours after death	PLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of							5.0			
Z ZZ =	1 2 1	(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of gr	amination a	nd/or investigation	ed at the ti	me, data pinion, de	and place, nath occur	and dua t	to the cause(s) and men	nor as stat	ed.	and
THE FUNER filed within PORTANT:	S	29b. SIGNATURE AND TITLE OF CURTIFIE		-					NSE NUM				
De fied		MILLOW X	· don	hin	/			Do	his nom	14	≥ 6	Dr A	Month, Dig: Year)
5 =	임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUS	E OF DEAT	H (ITEM 27) (Type	, Print)	77	20	OU	DAFFER	nd	18/	/
		MYLON L. LENKIN LOUND THE DEATH (ITEM 27) (Type, Print) 2309 SHOREFIELD RO											
		31. DATE FILED (MONT), Day, May 1993 22 REGISTBAR'S SIGNATURE											
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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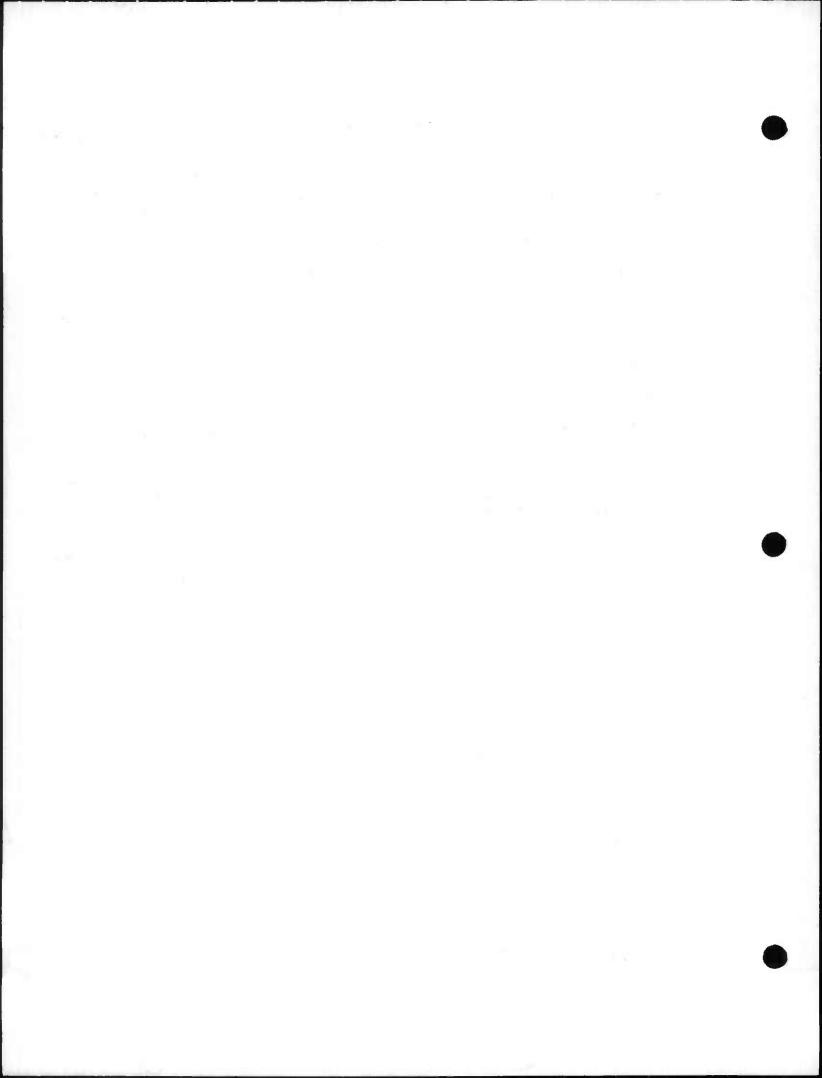
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CEF	TIFICATE	OF	DEATH		REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Level) STERALING ZAR RICKS 2. DATE OF DEATH 6-8-93 FEAR 1207P											
	4. SOCIAL SECURITY NUMBER 224-22-4404	5. SEX 6. AGE	(In yrs. lest bi			IF UNDER 24 HRS. HOURS MIN.	(Mor	E OF BIRTH nth, Day, Year)		Country)	ACE (State or Foreign	
~	9s. FACILITY NAME (If not institution, give	atreet end number)		9b. CITY		OR LOCATION OF D		-2-23	9c. COUNT		rginia TH	
5	Frances Scott Key Med Center Baltimore na											
DIRECTOR											0d. INSIDE CITY LIMITS?	
FUNERAL										N OF WH		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 P Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	1	f yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	in, Puerto	IN? (Specify Yes Rican, etc.)		4 BACE -	- American Indian, White, atc. White	
ETED	15. DECEDENT'S EQU (Specify only highest grade	CATION COMPLETE	16a. DECED	DENT'S USUAL OC	CUPATIO	ON .	16	b. KIND OF BU	SINESS/INOU:	STRY	wille	
COMPLET	Elementary/Secondary (0-12) 7 +	College (1-4 or 5+)	life. Do	pairma:		st or working	F	'irest	one 1	lire	Co	
	17. FATHER'S NAME (First, Middle, Lest) Walter Ricks					18. MOTHER'S NA			Surneme)			
BE	190. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRESS	(Street a	Etta Ind Number or Rural			- Chat. 7/2 C)(-)		
2	William Cole										VA23841	
	20e. METHOD OF CISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rerr 4 ☒ Donation 5 ☐ Other (Specify)			DATE OF DISPOSI			DA		CATION — CI			
ı	21. SIGNATURE OF FUNERAL SERVICE LI				NAME AN	D ADDRESS OF FA	CILITY	State	Anat	omy	Board	
	angel/10	(well	6/10/	93 65	5W.	.Baltim	ore	St,Bal	lto,M	D 2	1201	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE DUE TO (OR AS	H	EMOR	RHA	165					Interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. EROSIV		- 1	201	'L CA	RCI	NOM	A			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. Due TO (OR AS A CONSEQUENCE OF): d											
	PART II. Other aignificant condition	ns contributing to death i	out not reau	ilting in the un	derlying	ceuse given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS	
MEDICAL		PERFORMED? 1 YES OF TO OF DEATH?								OMPLETION OF CAUSE		
Ψ	25. WAS CASE REFERRED TO MEDICAL				28 DI	ACE OF DEATH (Ch	not anh					
PHYSICIAN	1 YES (NO	HOSPITAL: 1 Inpatient 2 CER/Out	patient 3 🗆 i	OTHER	:	e 5 ☐ Residence						
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26		28c. INJU	URY AT		SCRIBE HOW II	JURY OCCU	RED		
	3 Suitcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)							CATION (Street e or Town, State)	nd Number or	Rural Rout	e Number,	
COMPLETED	(Check only one) 1 CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my know A: On the beele of exemination	riedge, death o	occurred at the thr	ne, date	end piece, end due	lo lhe ca	use(e) end men	ner es atated.		nd mattner se stated	
- 1	200. SIGNATURE AND TITLE OF CERTIFIE				T		-	2222			/	
20	- Han	(m)				29d. DATE				18/9	7_S	
	30. NAME AND ADDRESS OF PERSON WHO		RRO		8				/	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	÷		-						
_ [JUN 14 1993	7	many									

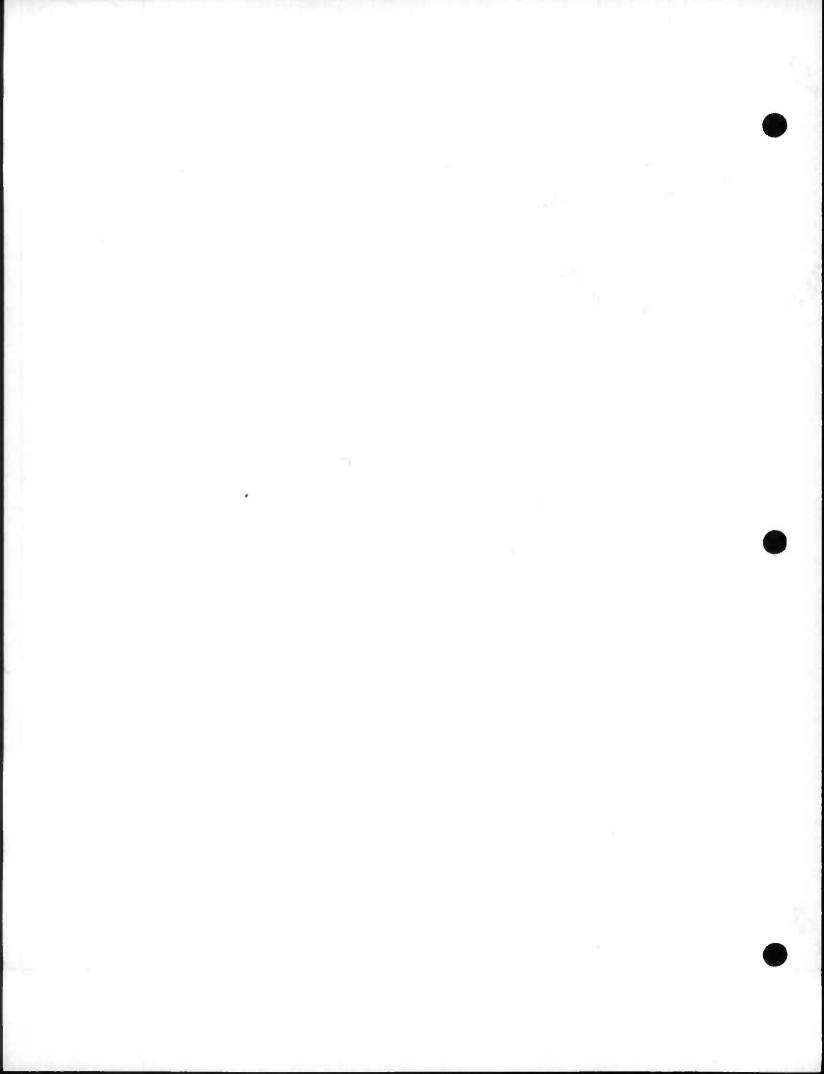


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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	MENT OF H	EALTH AND DEATH		GIENE 9	3 17218			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH			
	JOHN	н.		NDTRE	E		/1993	7:30 P M			
	182423484	1XXM 2 □ F 4		HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 3-5-5	Year)	BIRTHPLACE (State or Foreign Country) Phila. Pa.			
OR	90. FACILITY NAME (If not institution, give st #8 CEDARTREE RESIDENCE OF DECEDENT		96		EYSVILI		Y OF DEATH				
EC	10e. STATE 10b. COUNTY		10c CITY T	OWN OR LOCAT							
L DIRECTOR	Maryland 100. STREET AND NUMBER			Cocke	ysville			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	8 Cedartree Roa		101	ZIP CODE		S.A.					
ВУ	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	S. ARMED 2 NO S	13. WAS DEC If yes, spe 1 YES	ENDENT OF HISPAI Incline Cuben, Mexico 2 X NO Specifi	offy Yes or No- 1	4. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)	Give kind of work (Give kind of work ite. Do NOT use re ACC	done during mo:	st of working	16b, KIND (OF BUSINESS/INOUS	STRY			
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	Valden Surname)				
BE (Cecil Mattson			A	nna Elc	ie				
2	190. INFORMANT'S NAME (Type/Print) Anna Round	tree		DRESS (Street a		hila. P	or Town, State, Zip Ca. 1913;	1341			
	364, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	rval from State 20b. PL camete	ACE AND DATE OF D	ISPOSITION (Na.	ne of erv		Phila.				
	21. SIGNATURE OF FUNDING, SERVICE LIE				D ADDRESS OF FA	CILITY Will		rown Community			
CERTIFICATION	23. PART In Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acquired immuniculatesessing disease But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
AL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART I										
PHYSICIAN: MEDIC						_		OF OEATH? 1 □YYES 2 □ NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			ACE OF DEATH (Ch	eck only one)					
XSi	t X YES 2 NO	HOSPITAL: t ☐ Inpatient 2 ☐ ER/Outpatie		THER: Nursing Home	5X Residence	8 Other (Specif	(y)				
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	IRY AT	28d. DESCRIBE	HOW INJURY OCCUI	RED			
BY	2 Accident Investigation				ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specify)	At home, farm, stree	t, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledg	e, death occurred at d/or investigation, in	the time, date	and place, and due ath occured at the	to the cause(s) ar	nd manner as ateted.	suse(s) and menner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER	29d. DATE S	IGNED (Month, Day, Year)			
TO B	Monald A.C	Unight MM			O.C.1	1.E	▶ 0.0	6/08/1993			
F	30. NAME AND AODRESS OF PERSON WHO DONALD G. WRIGHT		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			e, Mary				
j	31. DATE FILEO (Month, Day, Year) JUN 1 4 19	32. REGISTHAR'S SIGNATU	don-Randa	ee.	-, 24.	_ 0=11101	-, iidiy.	TOTAL STROIT			

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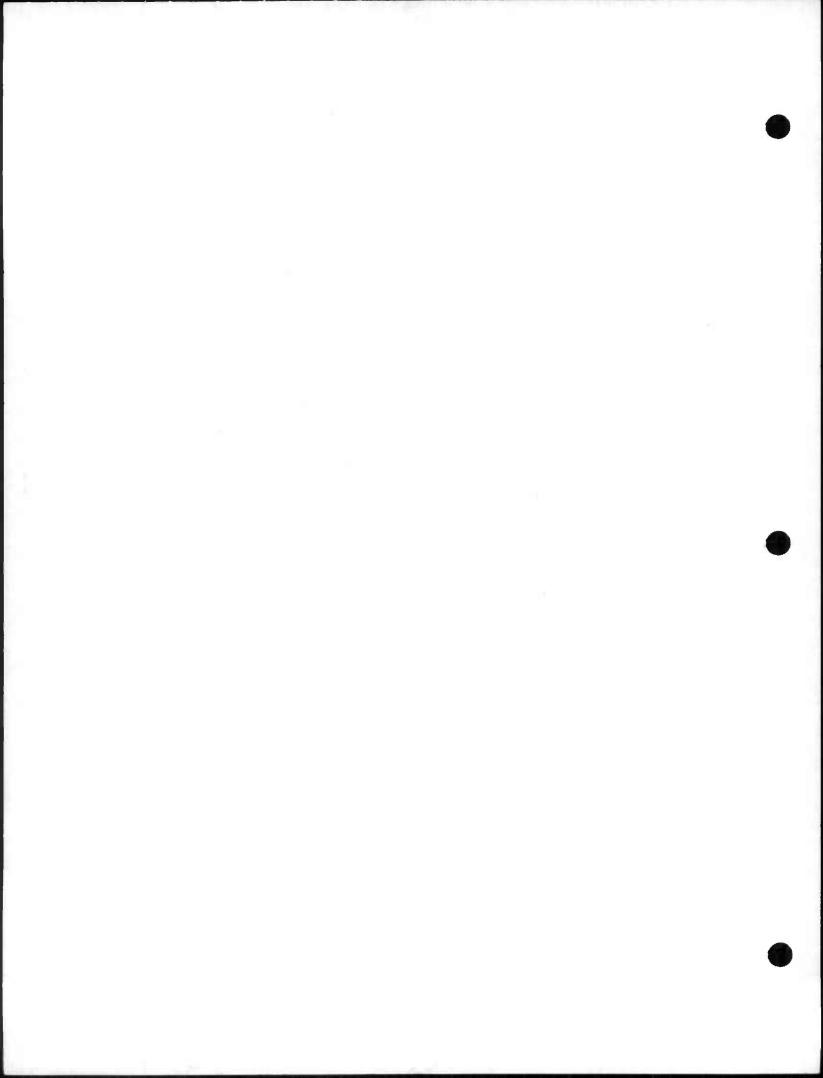
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	0	ERTIFICATE		MENTAL HYGIEN REG. NO 2. DATE OF DEATH MONTH	3. TIME OF DEA							
	4. SOCIAL SECURITY NUMBER 23/-18-88/4 90. FACILITY NAME (If not institution, give	5. SEX 8. AGE (In yrs. In 19 M 2 D F	est birthday) IF UNDER 1 WONTHS MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	93 8. BIRTHPLACE (State or I							
ECTOR	Mercy Hospital Bato City RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY												
AL DIR	M. D. 100. STREET AND NUMBER 10. L. STREET AN	`	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										
BY FUNER	12 13 14 15 15 16 16 16 16 16 16												
OMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	le completed)	PECEDENT'S USUAL OC Ghe kind of work done di the. Do NOT use retired.)	uring most of working	A,C.M	E. Pad Co							
# III	17. FATHER'S NAME (First, Middle, Light) James Mack 199. INFORMANT'S NAME (Type/Print)	Royster		Haz		ton							
TO BE	Dorthy Roll 200. METHOD OF DISPOSITION	y Ster	1940 N	Street and Number or Pural Bond St.	Balto Mi	D. 21213							
iner must	20b. PLACE AND DATE OF DISPOSITION (Name of 1 State 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of 2 open etery, crematory or other place) 20c. LOCATION — City or Town, State 2 open etery, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
ical examiner	23. PART I. Enter the diseases, or	complications that caused the	death. Do not enter t	the mode of dying, su	new Wo	irstory arrest, Approxim							
nt, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CAL da C ARL LEST												
cation	Sequentially list conditions, if any, leading to immediate	b. SEVELLE DUE TO (OR AS A CONSI	EQUENCE OF):	nico.	,								
or other	CAUSE (Disease or injury that initiated events resulting in death) LAST C. C. C. C. C. C. C. C. C. C. C. C. C. C												
any inju	PART II. Other significant condition	VA.	resulting in the unc	derlying cause given in	Part i. 24a. WAS AN PERFOR	RMED? AMAILABLE PRIOF COMPLETION OF OF DEATH?							
SICIAN: MED													
들 일	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 % Inpatient 2 ER/Outpatient 28a. DATE OF INJURY		: ing Home 5 - Residence	6 Other (Specify)								
ا ۲ ۲	AT MATHER OF DEATH	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DEŞCRIBE HOW INJURY OCCURED								
marked, o	1 Natural 5 Pending Pending Investigation	284 DI ACE OF IN HIDY ALL	nome from about foots	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
Is marked, or D BY PHY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)			City or Town, State))							
f Item 28 is marked, or IPLETED BY PHY	2 Accident 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	building, stc. (Specify) SICIAN: To the best of my knowledge, of ER: On the basis of sxamination and/o	death occurred at the time	na, data and place, and du	City or Town, State) to the cause(s) and mai	nner as stated.							
PORTANT: If Item 28 is marked, on BE COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE A Could not be determined 8 Could not be determined 9 CERTIFYING PHYS 2 MEDICAL EXAMIN	BICIAN: To the best of my knowledge, of ER: On the basis of sxamination and/o	deeth occurred at the time of investigation, in my op	ms, date and place, and du	e to the cause(s) and made time, date and place, an	nner as stated.							
f Item 28 is marked, or IPLETED BY PHY	2 Accident 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my knowledge, of ER: On the basis of examination and/o	deeth occurred at the time of investigation, in my op	ne, date and place, and du pinion, death occured at the 29c. LICENSE NU	e to the cause(s) and made time, date and place, an	nner as stated. Indicate the cause(s) and manner sa							



ITEMS: 23 PART I, 27, 28a-f, PER MEO G-700 6/15/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 17220

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 17220											
	DECEDENT'S NAME (First, Middle, Last) OLEN SOCIAL SECURITY NUMBER	EN T					AITH	0.6	E OF DEATH	DAY 199			
-	220-64-5297 9a. FACILITY NAME (If not institution, give str	1 XX M 2 □ F	6. AGE (In yrs. Ia:	YRS.	MONTHS	DAYS	HOURS MH	· (Mo	E OF BIRTH 1th, Day, Year) 2-20-1	57 9c, COUNT	Country)	MD	
	2113 SIDNEY AV	IDNEY AVE. BALTIMORE CITY								Sc. COUNT	T OF DEAL		
DIRE	MD 10e. STREET AND NUMBER			ltim	ore					141	d. INSIDE CITY LIMITS? YES 2 \(\) NO		
FUNERAL	2113 Sidney Avenue						2123			U.	S.A.	T COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced	IF YES, GIVE W	YES 2 X	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Wit yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ▼ NO Specify:						tee or No— 14. RACE — American India Black, Write, etc. Specity: Black		
MPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)) (G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.)						Waxaa			
SE CO	12th Fork Lift Driver Camden Yards 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)												
٤	Mary Wallace 196. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code 2799 ½ The Alameda/Baltimore, Marylan										21212		
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)		20b. PLACE. cemetery, cre Mt.					DA	DATE 20c. LOCATION — City or Town, State Lansdowne, Marylan				
	21. SIGNATURE OF FUNERAL SERVICE LICE	13	-	~	WM	1.C		1F1H				H AVE.	
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of):												
FI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algnificant conditions	contributing to c	death but not r	resulting I	n the un	deriyin	g ceuse given	In Part I.		AN AUTOPSY ORMED? 2 \(\sum \text{NO} \)	AM CO OF	RE AUTOPSY FINDI MLABLE PRIOR TO MPLETION OF CAU DEATH?	
SICIAN:		HOSPITAL:			OTHER	t:	ACE OF DEATH				<u> </u>		
> 1	1X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 □ Inpetient 2 □ ER/Outpatient 3 □ DOA 28e. DATE OF INJURY (Month, Day, Year) 110				28c, tNJ W0 1 🔲	URY AT PRK?	28d, DI	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED UNKNOWN				
ETED	3 Suicide 4 Homicide 8 Could not be determined	8 (7) Could not be 28e. PLACE OF INJURY — At home, farm, building sec (Specific)					•	281. LO	or Town, Sta	(Street and Number or Rural Route Number,			
OMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER	IAN: To the best of n	ny knowledge, de	eth occurre	d at the ti	me, date pinion, d	end place, end eath occured at	due to the ca	e end plece,	end due to the	euse(e) en	d menner aa state	
98	SIGNATURE AND TITLE OF CERTIFIER	de (An	1			O.C.					1993	
- 19	MARIO F. GOLU	COMPLETED CAUSE	VELL P			eet	, Bal	timoı	ce, M	aryla	nd	21201	



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OR /	SIG	DUCS	Te Te
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate perfection on the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the Staye Dear or welth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 moves any Injury, or other traumatic event, the medical examiner must be notified at once.
SPI	INER	thin	H
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王	F	# file	5
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

St

State Day Com PARTS PARTER

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Sweet . Gernest E. 4:00 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IL BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 | F YRS. 6.23. 9a. FACILITY NAME (# not 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Butimore A Baltimore FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN DR LOCATION
BALTM 10d. INSIDE CITY Baltimore MD Hunove YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Penhurst 3968 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 PES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY Black 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ry/Secondary (0-12) College (1-4 or 5+) ong shore nav 11 ct 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) homas Weer lar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street State, Zip Codel 2 39 2/2/1 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION 1 Weurlat 2 Cremation 3 4 Donation 5 Other (Specify) 3 🗆 R 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY

MOUNT F. H. WISS aba 23. PART | Enter the decases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause on each line.

IMMEDIATE CAUSE (Final Approximata Interval Betwee **Onset and Death** disease or condition treparo-rena resulting in death) DUE TO (OR AS A CONSEDUENCE OF): metastatic COMPLETED BY PHYSICIAN, MEDICAL CERTIFICATION YYS Sequentially flat conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 THO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | MO me 5 - Residence 6 - Other (Specify) 4 II Num 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Michael 6.12.9 2

Baltrmore

MD

21201

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		7120.071.001	_	<u> </u>	-11111	CATE	. 01	DEATH		REG. NO	•			
		1. DECEDENT'S NAME (First, Middle, Last)	GT						2	DATE OF CEATN	NY .	YEAR 3	. TIME OF OEATN	
		MARY A.	SHIMANS	KI						06-1	2-9	3	9:15A	M
		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24 I		DATE OF BIRTN (Month, Day, Year)		8. BIRTNPL	ACE (State or Foreign	
70	стоя	074-16-1036	1 M 2 F	85	YRS.	MONTHS	DAYS	HOURS N	AIN.	1-1-190	08	New	Yawk	
pinous		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN I	OR LOCATION	OF DEAT		9c. COUNTY OF DEATN			
co		Greater Balto.	Med. Ct	r.		T	OWS	son		Balto.				
1, 2,		RESIDENCE OF DECEDENT												_
Pages	DIRE	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							16	Od. INSIDE CITY	
iệ.			timore		St.Helena-Dundal					k 1 □ YES 2XXNO				
permit.	₹	10e. STREET AND NUMBER					101	. ZIP CODE	_				AT COUNTRY?	
020 physician. burial-transit	FUNERAL	207 Maple Aven	ue		21222						U.S	. A .		
020 physician burial-tra	5	11. MARITAL STATUS	12. WAS DECEDENT FDRCES? 1	EVER IN U.S. AR	MED	13. W	AS OEC	ENDENT OF N	IISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE -	American Indian,	
2002 e pp	ВУ	1 Never Married 2 Married Wildowed 4 Divorced	IF YES, GIVE WAR							ruerto Rican, etc.)		Specify:	White, atc.	
5-0020 ending physic as the burial		4 Divided									Whit	te		
ND 21215-0 hospital or attending ached for use as the	9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gi	ive kind of v	USUAL OC	CUPATIE	DN ast of working		16b. KIND OF BUS	SINESS/IND	USTRY		
10 Pd		Elementary/Secondary (0-12)	College (1-4 or 5+)	We.	Do NOT us	e retired.)	211-0							
AND he hospit detached once.	호	12 yrs		1	Wrs	e				Medica	a 1			
S de P	COMPLET	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Malden				
# & & Z	BE	Francis X. Murphy DOlores Murtha												
MARYL retained by the 5 should be notified at	2	19a. INFORMANT'S NAME (Type/Print)	198						te Number, City or Tow					
5 e re		Diana Kerner			215	Bro	oki	field	Rd.	.,Pasade	ena,	Md.	21122	
BAL IIMORE, 24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		20a. METNOD OF DISPOSITION		20b. PLACE	ND DATE (OF OISPOSIT	TION (No	ime of		DATE 200 LO	CATIDAL - 4	Othy or Town	Ctata	
MOR age 6 ma director, 1		M. Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Sacred Heart of Jesus 6-15-93 Balt									lto	Md		
Page al dir		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE TO 1			, 22. N	AME AP	ND ADDRESS (OF FACILI	TY J	, Da.	110.	21222	_
AL. I IN death. Pag tuneral dii i. examiner		> E1, 2. C	> Ediso	n M. H D00083	erk	ins	Bra	adlev-	-Asl	nton Fur	nera]	1 Ног	21222 me, INc.	
s after de by the f emoval.		Coduce IM.				21	34	WILL	ow S	Spring F	≀d.,I	3alto	Md.	
ours afte d in by th or remov		23. PART I. Enter the diseases, or of ahock, or heart fellure.	complications that of List only one cause	aused the de	ath. Do n	ot enter t	tha mo	de of dylng,	, such a	a cardiac or respi	ratory arr	eat,	Approximate	
filled on, or		IMMEDIATE CAUSE (Final	1	11.	-1		1	10					Onset and Dea	
in 2. tety f matio		disease or condition resulting in death)	Metsz	the 6	ndon	retra	d	lauc	e1					
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be exerciclan artior to the	E	Sequentially list conditions, if any, leading to immediate	OUE TO (O	R AS A CONSEC	CONSEQUENCE OF):									
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eath certi	ERTIFICATION	resulting in death) LAST												
the death y the atter of Mental injury, o	O	PART II. Other algnificant condition	a contribution to d	noth hut not a	a a college of		de eductor			T. I				
7 262	EDICAL	TANT III CUITE MIGHINICANI CONCINION	a continuating to de	setti but not n	esuiting i	n the und	eriyin	g cause give	on in Pai	1 I. 24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDING MILABLE PRIOR TO	
uires that signed by Health an	ă									1 [] YES 2	□ NO		OMPLETION OF CAUSE F DEATH?	
	M									40		1	TYES 2 NO	
THE SIGNAN: The law requestion of the State Dept. of them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out them 23 short out the short out	SICIAN:						_					-1		
V: The cate his State D	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEAT	H (Check	only one)				
SICIAN: The certificate the State	YSI	1 TYES 2 10-416	1 Inpetient 2 🗆 E	R/Outpatient 3	□ DOA			e 5 🗆 Reside	enca 8 [Other (Specify)				
PHYSIC PHYSIC WITH IT	PHY	27. MANNER OF OEATH	28a. OATE OF IN (Month, Day,		28b. TIMI	E OF :	28c. INJ WO	URY AT	26	d. OESCRIBE HOW I	NJURY OCC	URED		\neg
NG PHY far this sath with	ВУ	1 Natural 5 Pending 2 Accident Investigation				М		rES 2 N	D					
J 5 4 5 m		3 Suicide 6 Could not be	28e, PLACE OF I	NJURY — At hor	me, tarm, s	treet, facto	ry, offic	•	26	f. LOCATION (Street a City or Town, State)	and Number	or Rural Roui	te Number,	
OR ATTENDING DIRECTOR: After yours after death tern 28 is ma	TED	4 Homicide datarmined		. (City or lown, State)				
OR A DIRECT	COMPLE	29e. CERTIFIER (Check only	CIAN: To the best of m	knowledge de	ath occurre	d at the tim	no dete	and place, and	d due to t	the several and man		4		
SPITAL SERVICE	ME	(Check only one) 2 MEDICAL EXAMINE											nd manner as stated	
SEE	8					.,, op					0 000 10 (1)) canaa(a) ai	TO PRINTING BEI STATED.	
1 100	B/	296. SIGNATURE AND TITLE OF CENTRIES	1.	. 0				29c. LICENSI	E NUMBE	R 7		and the same of th	lonth, Day, Year)	
REME	0	Muller C. She	Whit	Mu).				1)-10	651		-/	ULL.	12,1993	,
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type		1.	d	6-	(do mo				
		Francis C. Grun	ILL Was	6060	Ne	Chlu	PS	30,1	X	(D) 1. C)	, 4	201		
	0	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	M2-									
- 1	X	31111 1 4 1444	TIME NEW (4)	MAN-A LAIL										

TO THE PUNCHAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO VIE TUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended after this burial transit permit. Pages 1, 2, 3 should be attended, or litem 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

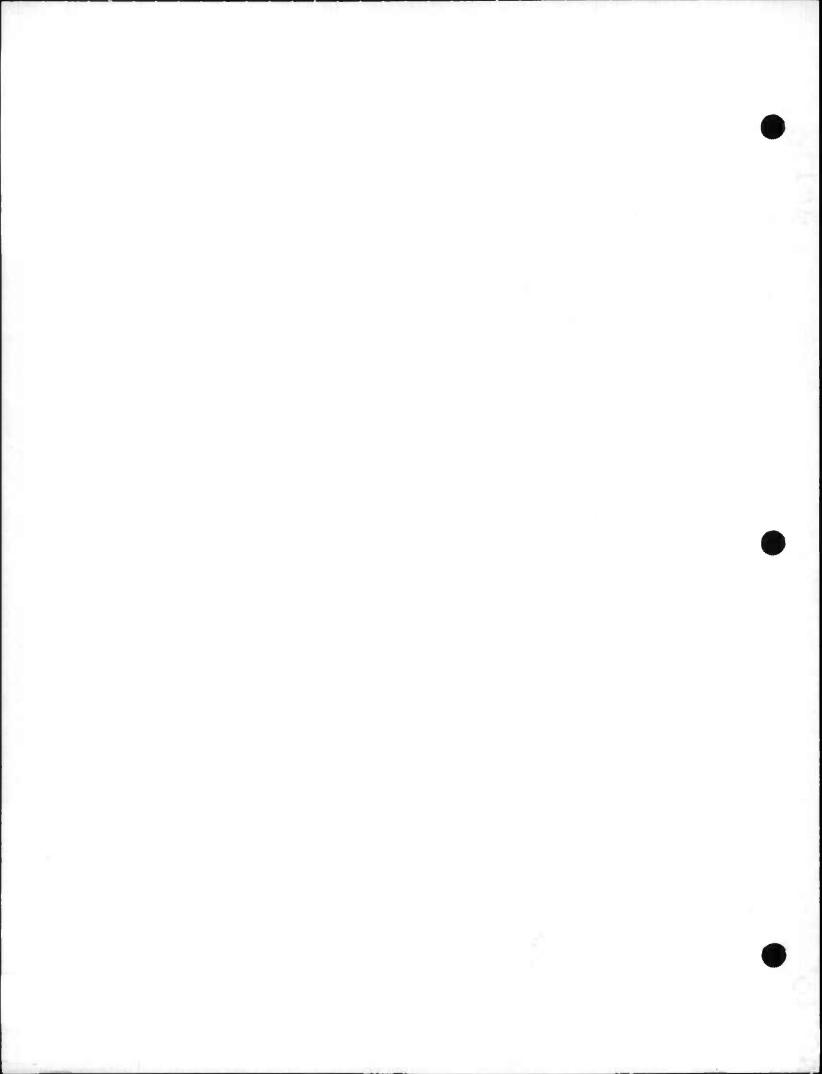
	REGISTRAR		OLIT	IFICAL				H	IEG. NO.			
1	1. OECEDENT'S NAME (First, Middle,	Lest)						2. DATE OF	DEATH			3. TIME OF DEATH
	Norman	To CC	П.,					MONTH	DAY		YEAR	
	4. SOCIAL SECURITY NUMBER	Jefferson 5. SEX	6. AGE (In yrs. lest birth		R 1 YEAR			June		993		
		13K) M 2 F		MONTHS		IF UNDER	MIN.	7. DATE OF E (Month, De	BIRTH ly, Ybar)	1	B. BIRTHP Country,	PLACE (State or Foreign
	216-01-5059		85 YF	is.				April 28, 1908			Man	wland
	9a. FACILITY NAME (If not institution,	give street and number)		Y, TOWN O	R LOCATIO	N OF DE			9c. COUNT	Y OF DE	Ктн	
H	2005 02 . 1 .											
K	RESIDENCE OF DECEDE	pint Road		Mid	dle	River				Balt.	imor	9
DIRECTOR		OUNTY	10c.	CITY, TOWN	OR LOCAT	ION	_					10d. INSIDE CITY
뜻	Warran a D.	211										LIMITS?
	Maryland Ba	lltimore		iddle							_	1 YES 2 NO
2	106. STREET AND NUMBER				101.	ZIP CODE				10g. CITIZE	EN OF W	HAT COUNTRY?
ü	3805 Clark's F	Point Road				21220)			TI (S. A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13.				C ORIGIN? (S	pecify Yea or			- American Indian
								, Puerto Ricar	ı, etc.)	111		- American Indian, White, etc.
ВҰ	3 Widowed 4 Divorced	WWII	IN ON DAIES		I U YES	Z K NO	Specify:				Specify	
۵	15. DECEDENT'S		18ª DECEDE	NT'S USUAL C	OCCUPATIO	NAI .		405 1/10	D 05 011011			White
E	(Specify only highest	grade completed)	(Give kind	d of work done OT use retired.)	during mos		7	160. KIN	D OF BUSIN	IESS/INDU	STRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	,	or use reared.)	,							
₹	12		Assemi	olv				Gen	eral	Moto	rs	
COMPLETED	17. FATHER'S NAME (First, Middle, Las	st)				18. MOTH	ER'S NAM	E (First, Middle				
	Samuel E. Tr	egne				Bar	rt ha	M	Dana ala	_		
B	19a, INFORMANT'S NAME (Type/Print)		19h MAI	LING ADDRES	SS (Street at						and a	
9												
	Dorothy W.	Tregoe		05 Cla	rk s	Poir	t Ro	oad Mi	ddle	River	r. M	d. 21220
	20e. METHOD OF DISPOSITION	Removal from Stale	20b. PLACE AND Da			ma of		DATE	20c. LOCA	TION - CI	ty or Tow	n, State
/	Burial 2 Cremation 3 C Donalion 5 Other (Specify)		Oaklawn	Cemet.	PM	6	1724	/03	Bol+	i ma m	. M	amyland
	21 BIGHATURE OF FUNERAL SERVI	CE LICENSEE		22.	. NAME AN	D ADDRES	S OF FAC	ILITY			-	arytano
1	· M. 7	6 /		B	ruzda	zinsk	i Fu	neral	Home	PA		
-	Minery.	mospeter	ex,	17/	407 E	Caste	rn A	menue	Ree	ev A	Varmr'	land 21221
	23. ART I. Enter the diseases shock, or heart fai	, or complications that	caused the death. I	Do not anta	r tha mod	de of dyir	g, such	as cardiac	or respirat	tory arres	nt.	Approximsta
	shock, or heart fai	lure List only ons caus	e on aach lina.									Interval Between
	iMMEDIATE CAUSE (Final disease or condition		41.1	1	1							Onset and Death
	disesse or condition resulting in death)	a		rem	1							
	disesse or condition	a. DUE TO (OR AS A CONSEQUENCE	42	1						_	
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rion	disesse or condition	6 b		CE OF):	1							
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RTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DOUE TO (0	OR AS A CONSEQUENC	CE OF):	1							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DOUE TO (0	OR AS A CONSEQUENC	CE OF):	1							
L CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b oue to (c	OR AS A CONSEQUENC	E OF):	er'/	0			. WAS AN ALI			Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b oue to (c	OR AS A CONSEQUENC	E OF):	er'/	0				ПОРЅҮ	246. \	Onset and Daath WERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 17224

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			MENTAL HYGIEN		17224					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	DAVID ABR	AHAM TE	ICHER			6-9-9	3 YE.	2:A M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF UI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.0	NRTHPLACE (State or Foreign					
- 3	202 09 3569	1 Q M 2 □ F 77	7 YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year)	1 0	ennsylvania					
	Sa. FACILITY NAME (If not institution, give stre	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY											
Œ	Hebrew Home Greater Washington Rockville Montgomery Co												
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT											
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.												
ä	Maryland Mont	gomery Co	Ro	ckvi	lle			LIMITS?					
FUNERAL DIRECTOR	10e. STREET AND NUMBER	OF WHAT COUNTRY?											
ER/	257 Congressin	SA											
z		12. WAS DECEDENT EVER IN U		13 WAS DEC	2085	IIC ORIGIN? (Specify W		RACE American Indian,					
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	cify Cuben, Mexica	n, Puerto Rican, etc.)		Black, White, etc.					
BY	3 Widowed 4 Divorced	Yes 1941-4		1 L YES	2 NO Specify	r:		Spec#y: White					
COMPLETED	15. DECEDENT'S EDUCA	TION	6a. DECEDENT'S USUA	L OCCUPATIO	N	16b. KIND OF BL	ISINESS/INDUST						
П	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	one during mos id.)	it of working	Mag	4 a.m. 17.7						
4	12+		Manag	er		Mas	ter El	ectrician					
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumama)						
	Hyman Teicher					Kleiner							
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAII ING ADDS	ESS (Street or		Route Number, City or Tox							
임	Reisa Teicher							e,MD 20852					
	20a. METHOD OF DISPOSITION	Lanca C											
	1 Burial 2 Cremation 3 Remove		LACE AND DATE OF DIS Bry, cremetory or other pla		ne of	DATE 20c. L	DCATION City	or Town, State					
	4 Donation 5 Other (Specify)	mre //											
	2 SIGNATURE OF FUNERAL SERVICE LICEN	Ronald Wa	ade, Dir		D ADDRESS OF FAC	Stat		omy Board					
	\amuel//b	1 see	6/10//93	655V	V.Balti	moreST,B	alto, M	ID 21201					
	23. PART I. Enter the diseases, or con	mplications that caused t	he death. Do not en	ter the mod	de of dying, suci	h as cardiac or resc	iratory arrest.	Approximate					
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	it only one cause on eac	h line.			200000		Interval Between					
		(. 1.	/	1	a. +			Onset and Death					
	resulting in death) a.	Cardia pi	MONOLT.	1/71	ure?!			minules					
_													
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A C	ONSEQUENCE OF):	gea g				years					
AT	if any, leading to immediate cause. Enter UNDERLYING	Carcinon		2	to			year :					
F	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):	1.02 (a de			7401					
E	resulting in death) LAST							j					
빙	d.												
AL	PART II. Other significant conditions	contributing to death but	not resulting in the	underlying	cause given in			24b. WERE AUTOPSY FINDINGS					
MEDIC						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE					
								OF DEATH?					
=						_		1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)							
မ္က		IOSPITAL:	OT-	IER:									
¥	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME OF	28c. INJL		6 Other (Specify) 28d. DESCRIBE HOW	MUNICIPAL OCCUPATION						
	Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	RIC?	28d. DESCHIBE HOW	INJUNY OCCURE	D					
BY	2 Accident Investigation	20. DI ACE OF IN HIRM	"		ES 2 NO								
9	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, etc. (Specify))	factory, office		26f. LOCATION (Street City or Town, State	and Number or Ru)	ural Route Number,					
	A	2											
교		AN: To the best of my knowled	ige, death occurred at ti	ne time, data	and place, and due	to the cause(s) and ma	nner as stated.						
COMPLET		On the basis of examination a						rse(a) and manner as stated.					
	290. SIGNATURE AND TITLE OF CERTIFIER	1.1			29c. LICENSE NUM			NED (Mogffi, Day, Year)					
B	1110	M	****		1033	-	D /	18/53					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATI	H (ITEM 27) (Type, Print)					/-					
	bee Jone the	n prusten	6121	m.	trose	Road	Rede	alle mp					
	JUN 14 1993	7 32 REGISTRAR'S SIGNATI	URE										



DAULD STATUSS M.D. ST 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE 111N 1 4 1993 Julia Davidson Ronda

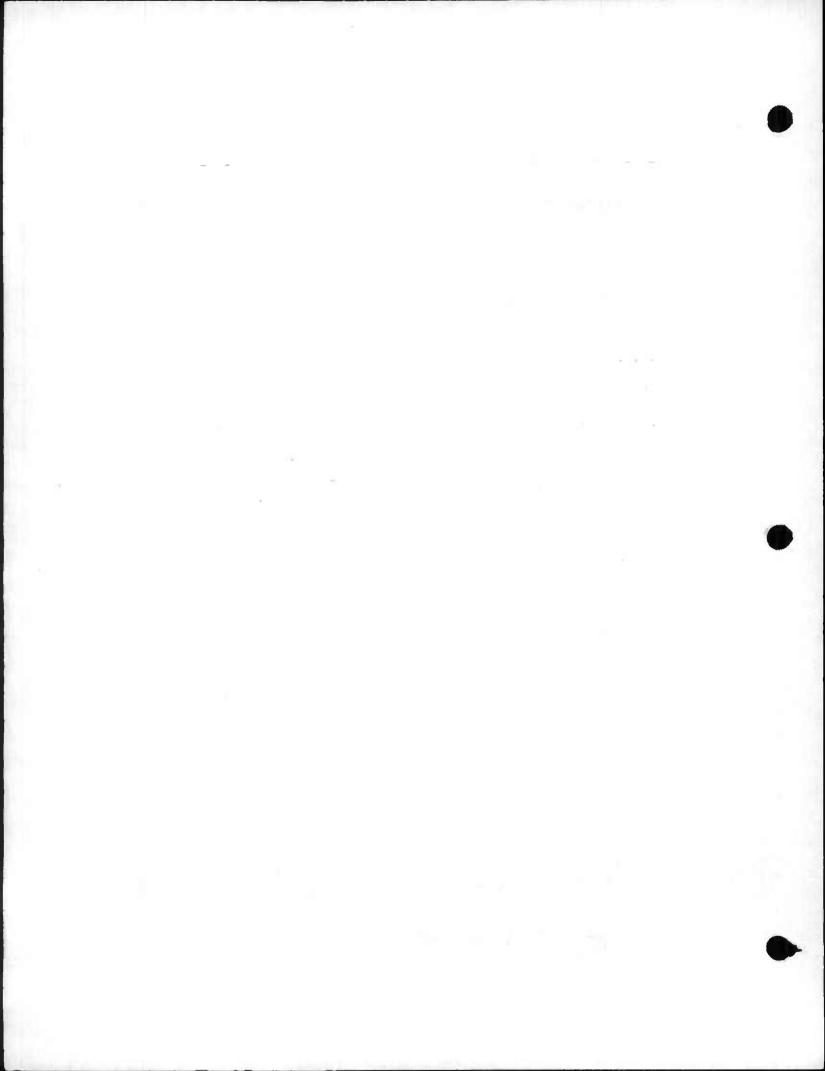
FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AN	ND MENTAI		3 17225		
1. DECEDENT'S NAME (First, Middle,	Ast) Thom		ATE OF DEATH	_	REG. NO. OF DEATH DAY	YEAR 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 999941412	5. SEX 6. AGE (1)	In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE	OF BIRTH I, Day, Year) -0/-/3	6. BIRTNPLACE (State or Foreign Country)		
90. FACILITY NAME (If not institution,	Jan Husi	91	BHZD I	MOR S		ALPI MORE		
10e. STATE 10b. CC	UNTY	Ba	OWN OR LOCATION 101, ZIP CODE	y		10d. INSIDE CITY LIMITS? 1 See 2 No		
801 Abbe	12. WAS DECEDENT EVER IN	U.S. ARMED	2120.	2 ISPANIC ORIGIN	? (Specify Yes or No	ZEN OF WHAT COUNTRY? S. A 14. RACE — American Indian,		
1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S	FORCES? 1 TYES IF YES, GIVE WAR OR DA		If yes, specify Cuben, M	Specify:		Black, White, etc. Specify: Black		
(Specify only highest Elementary/Secondary (0-12)	rade completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)	100.	KIND OF BUSINESS/IND	USTRY		
17. FATHER'S NAME (First, Middle, Las)		18. MOTHER	POLINE	Aiddle, Meiden Surname)	K		
19a. INFORMANT'S NAME (Type/Print) ROSSE 20a. METHOD OF DISPOSITION	Grove	19b. MAILING AD 920 PLACE AND DATE OF D	Woodson	Rd	Apt E			
1 8 Burial 2 Cremetion 3 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	etery, crematory or other,		DATE FACILITY	20c, LOCATION —	City or Town, State		
23. PART I. Enter the diseases	Boulon	I the death Do ant	and it	Time con		/1324 Non		
shock, or heer fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)	are. List only one cause on ea	scle Roti	CARDIO VIA			eat, Approximate interval Betwee Onset and Dear		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING							
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other significent cond	itions contributing to death be	ut not resulting in t	he underlying ceuse give	n In Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	N (Check only on	9)			
1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigat	28e. DATE OF INJURY (Month, Day, Year)		Nursing Nome 5 Reside	28d. DES	(Specify) CRIBE HOW INJURY OCC	CURED		
3 Suicide 8 Could no determine	be 26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree	ot, factory, office	281. LOCA City o	ATION (Street end Number or Yown, State)	or Rural Route Number,		
	HYSICIAN: To the treat of my knowled MINER: On the basic of examination							
SIGNATURE AND TITLE OF CERT	Topul		DZ	NUMBER 265	29d. DAT	SIGNED (Month, Day Year)		
30. NAME AND ADDRESS OF PERSON	AUSS W.D.	ATH (ITEM 27) (Type, Pri	" COCH T	RAVEN	BLVD	BACE Med		

Claude Frazier D.O.

22. RECETA (R'S SIGNATURE

93 17226 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF OFATN YEAR Albert William 6-9-93 WEISS 1:27 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS WXM 2 F 350-26-2952 62 11-22-1930 Illinois page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Franklin Square Hospital DIRECTOR Rossville Baltimore 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 - YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2238 Searles Road 21222 United States 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO BY 3 Wildowed 4 Divorced White Marine Korean COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS. (Specify only highe Baltimore County Fire Elementary/Secondary (0-12) College (1-4 or 5+) G.E.D. Lieutenant Department notified at once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname Cris't Weiss Caroline Wustholz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Rose Mary Weiss 2238 Searles Road Dundalk, Maryland 21222 pe 20e. METHOO OF DISPOSITION
1 Surial 2 10 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 28c. LOCATION - City or Town, State must director, Hillop Service Corp. 6/12/93 Towson, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. filled in by the funeral 7922 Wise Ave. Dundalk, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death attending physician and completely fille intal Hygiene prior to burial, cremation, the disease or condition resulting in death) ._pneumonia OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, OUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 certificate has been signed by the after the State Dept. of Health and Mental 1, or Item 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE chronic renal failure 1 - YES 2 X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 NO 1X Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY this c 28c. INJURY AT marked, 28d. OESCRIBE NOW INJURY OCCUREO 1 X Natural 5 Pending Investigati 1 YES 2 NO BY After 2 Accident Within 72 hours after des VITANT: If Item 28 Is n 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. H PITAL be filed within 72 IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated, 296. SIGNATURE AND PITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/09/93 N/A 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

9000 Franklin Square Dr. Baltimore, Md.21237



993

3. TIME OF DEATH

:51

2. DATE OF DEATH DAY

09

June

IF UNDER 24 HRS

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) N/A 1 X 2M 2 | F 1993 June 9. MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore County Franklin Square Hospital Center Rossville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Edgemere 1 YES 2XX NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 21219 2840 Nathaniel Way U.S.A Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 222NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 KMlover Married 2 Mar If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES ZXXNO BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high tary/Secondary (0-12) College (1-4 or 5+) N/A N/A N/A 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ John R. L. Williams Mary Kathleen Lohman BE n and completely filled in by the funeral director, page 5 should to burial, cremation, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2840 Nathaniel Way Mary K. Lohman Edgemere. Maryland pe 20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must oudon Park Cemetery 193 4 Donation 5 Qther (Specify) Baltimore, 6/11 Maryland 21. SIGNATURE OF PUNERAL PERVICE LIG examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, Maryland 21222 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ executed within resulting in death) . Cardio-Pulmonary Arrest secondary to nonviable fetus traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Spontaneous Abortion CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate certificate has been signed by the attending physician in the State Dept. of Health and Mental Hygiene prior to 1, or Item 23 shows any injury, or other traum cause. Enter UNDERLYING Preterm Labor CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) MOSPITAL:
11 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO me 5 Residence 6 Other (Specify) 4 Nursing Ho 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with this 1 Natural 5 Pending 1 YES 2 NO BY OR ATTENDING After death 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after dea IMPORTANT: If Item 28 is m 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF GENTIFE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year, N/A 0 2 30 NAME AND ADD Frankl

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

Lee WILLIAMS

6. AGE (In yrs. last birthday)

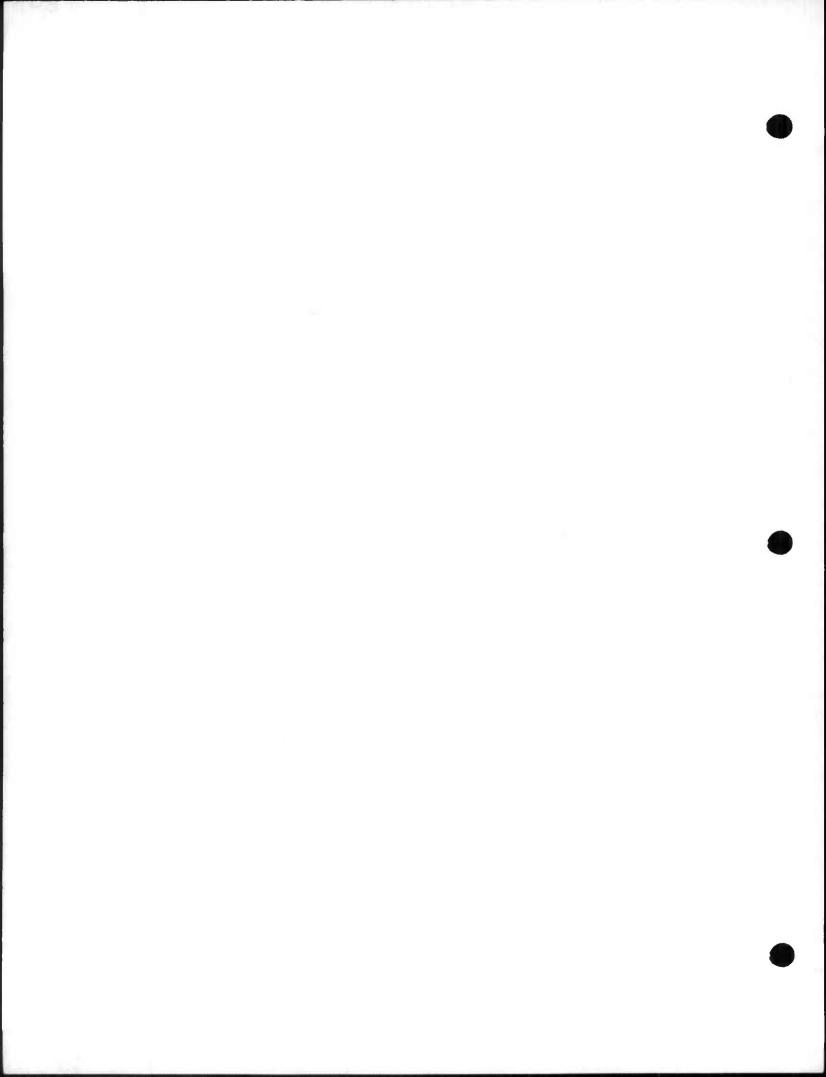
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	as pe	Dept.	23 \$
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	3: Afte	y deat	8 Is ma
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THE STATE OF THE S	THE FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with	MPORTANT: If item 28 is marked.
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-	REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND I	MENTAL HYGIE REG. N	NE	
. 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	3. TIME OF DEATH
	Goldie Lee Wil						3, 199	
		m. N.	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)
		□ M 2 UF 70	YRS.	ALC:		1-17-19	323 T	ennessee
~					OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
0	Villa St. Michae	Balt	imore					
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
DIRECTOR	Md. Balt.	imore			non-			LIMITS?
	10e. STREET AND NUMBER	101	f. ZIP CODE		100 CITIZE	1 YES 2 NO		
FUNERAL	1103 De Marcy	v Wav			1224		U.S.	
N		2. WAS DECEDENT EVER IN				IC ORIGIN? (Specify		4. RACE — American Indian,
H	1 Never Married 2 Married FORCES? 1 YES 2 NO				ecify Cuban, Mexican 2 NO Specify	, Puerto Rican, etc.)	WE OF NO.	Black, White, etc.
ВУ	3 Widowed 4 Divorced	If they were then our one	ICa	1 1 160	2 NO Specif			Specify: White
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	TON mointed)	16a. DECEDENT'S	USUAL OCCUPATIO	ON	16b. KIND OF E	USINESS/INDUS	STRY
E		College (1-4 or 5+)		vork done during mo se retired.)	ost or wonang			
MP			House	Wife				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Meid	on Surneme)	
BE	Alfred Ferguson					Hatfie	-	
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or T		
	Sherman Williams							Md. 21222
	20e. METHOD OF DISPOSITION 1 Description 3 Removal	from State 20b.1	PLACE AND DATE O	OF DISPOSITION (Na	ame of	DATE 20c.	OCATION - CIT	ty or Town, State
	4 Donation 5 Other (Specify)		Oak L		ND ADDRESS OF FAC	5/11 E	Baltim	ore
	21, SIGNATURE OF FUNERAL SERVICE LICEN	1	20					-
	l'olt l	onnel	ly					Dundalk dalk 21222
	23 PART I Enter the diseases or con		-					
- 1	23. PART I. Enter the diseases, or com	plicetions that ceused	the geath. Do n	ot enter the mo	de of dying, such	ss cerdlec or rea	piratory erres	it, ' Approximate
	ehock, or heert feliure. List	nplications that caused tonly one cause on each	the geath. Do n	ot enter the mo	ede of dyling, such	ss cerdlec or res	piratory erres	Approximate Interval Batween Onset and Dasth
	iMMEDIATE CAUSE (Finsi disesse or condition	nplicetions that ceused tonly one ceuse on each	the seath. Do n	ot enter the mo	de of dying, such	ss cerdiec or res	piratory erres	Approximate Interval Batween Onset and Dasth
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AL CERTIFICATION	immediate cause (Finsi disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	oot enter the mo	cident	ss cerdlec or rea	piratory erres	Approximate Interval Batween Onset and Dasth
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·	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions or	DUE TO (OR AS A CONTributing to death bu	CONSEQUENCE OF	oot enter the mo	cident	Part I. 24a, WAS / PERF	piratory erres	Approximate Interval Batween Onset and Dasth Vecars Months 24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE
·	immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions or the conditions of the cause. Enter Underlying cause in the cause in th	DUE TO (OR AS A CONTributing to death bu	CONSEQUENCE OF	ot enter the mo	cident	Part i. 24a, WMS / PERF	piratory erres	Approximate Interval Batween Onset and Dasth Vecars Months 24b. Were Autopsy Findings Mallable Prior to COMPLETION OF CAUSE OF DEATH?
· .	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of the cause. Examiners the cause is a cause of the c	DUE TO (OR AS A CONTributing to death bu	CONSEQUENCE OF CONSEQUENCE OF	not enter the mo	c. dunt g cause given in I	Part i. 24a, WAS / PERF 1 □ YES	piratory erres	Approximate Interval Batween Onset and Dasth Vecars Months 24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
·	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of the cause. Examiners the cause is a cause of the c	DUE TO (OR AS A CONTRIBUTION OF TO (OR AS A CONTRIBUTION O	CONSEQUENCE OF	ot enter the mo	g cause given in I	Part i. 24a, WAS / PERF 1 □ YES	IN AUTOPSY ORMED?	Approximate Interval Batween Onset and Dasth Approximate Interval Batween Onset and Dasth Approximate Interval Batween Onset and Dasth Approximate Interval Batween Onset and Dasth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significent conditions or injury that initiated events resulting in desth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 11 27. MANNED-OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A CONTRIBUTION OF THE CONTRIBUTI	CONSEQUENCE OF CONSEQUENCE OF It not resulting I	26. PL OTHER: A COTHER: OTHER: WO M 1 V	g cause given in i	Part I. 24a. WAS / PERF. 1 YES ck only one) 8 Other (Specify) 28d. DESCRIBE HOW	IN AUTOPSY DRMED? 2 NO	Approximate Interval Batween Onset and Dasth CCT? Months 24b. Were autopsy findings Amailable Prior to Completion of Cause of Death? 1 Yes 2 No
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BALTIMORE, MARYLAND 21215-0020

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO WE FOR HIS DIRECTOR: After this certaincate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to make the filled by the filled
er death. Page 6 may be retained by the hospi	TO THE CONTROL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DALLIMORE, MARTLAND	Control of the Contro

	1. DECEDENT'S NAME (First, Middle, Last) CARLW. WATCHORN 2. DATE OF DEATH MONTH BY SYEAR BISSES M												
	CAR								0 8 7 1 01.			@1335 M	
	4. SOCIAL SECURITY NUM 212 07 228	9	5. SEX ₩ 2 □ F	8. AGE (In yrs. lest	VRS.	IF UNDER	DAYS	HOURS	24 HRS.	4/25/1900 Country)			ACE (State or Foreign
OR	90. FACILITY NAME (# not he North West			er		86. CITY, TOWN OR LOCATION OF DEATH Randallstown Baltimore				ore			
5	RESIDENCE OF DEC												
DIRE	MD Carroll				10c. CITY, TOWN OR LOCATION Sykesville 10d. INSIDE CITY LIMITS? 1 □ YES 2 № NO					LIMITS?			
ERAL	Fairhaven		O Third	Ave.	C115		10	2178	Ĺ _s		10g. CITIZEN OF WHAT OUR A		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 HE YES, GIVE WAR OR DATES				MED O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X 10 Specify: White					White, etc.		
		CEDENT'S EDUC			EDENT'S					16b. KIND OF BUS	INESS/INC		
COMPLETED	(Specify online Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	Ho.	e kind of w Do NOT use Elec	retired.)			-		ctri		
E CON	17. FATHER'S NAME (First, M Robert		tchorn					16. MOTE	er's nam	Keegan	Surname)		
TO BE	Mrs. Ethel	P. W.	Watchorn	196	Fair	ADDRESS have	(Street a	ond Number Syke	or Aural Ad SVil	oute Number, City or Town	2178		
	20a. METHOD OF DISPOSIT 1	Specify)		20b. PLACE A cernetery, crer Green	ND DATEO	F DISPOS her place N T C	eme 1	me of Cery		6/9/93 20c. LOC	alti	More,	, State Md.
	21. SIGNATURE OF PUMBNA	SERVICE LIC	Leur enny, Jr	M001	45	M	ITCH	ELL- York	WIED	EFELD HOME	E, IN	IC.	21212
	23. PART I. Enter the d										,		
	shock, or h IMMEDIATE CAUSE (Figure 4) disease or condition resulting in death)	aart fallure.	List only ona cau	PRAT							atory an	reat,	Approximate interval Between Onset and Death
			DUE TO	(OR AS A CONSEC	UENCE OF):		. 1					
TION	Sequentially list conditions, if any, leading to immediate b. CHE PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju- that initieted events	iry S	OUE TO	(OR AS A CONSEC	UENCE OF):	<u>_</u>						
H	resulting in daeth) LAS	" [
	PART II. Other aignifica	ent condition	contributing to	deeth but not re	suiting in	tha un	derlying	cause g	lven in P	Part I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	ATRIAL	, F11	BRILLA	TION,	RENAL			PERFOR		A C	MILABLE PRIOR TO OMPLETION OF CAUSE		
< 1	INSUP	FICE	ENCY	, PI						_	_ NO		F DEATH?
X I	25. WAS CASE REFERRED T	O MEDICAL					28. PI	ACE OF O	EATH (Chec	ck only one)			
) S	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3		OTHER		• 5 🗆 Ra	eldence 8	Other (Specify)			
BY PHYSICIAN:		Pending Investigation	28e. OATE OF (Month, D		26b. TIME INJU		28c. INJ WO 1 🔲 '	RK?		28d. DESCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 8	Could not be determined	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, term, st	treet, fect	ory, offic			281. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	te Number,
COMPLETE										o the cause(e) end man			
BE CC	29b. SIGNATURE AND TITLE								NSE NUME				lonth, Day, Year)
2	30. NAME AND AODRESS OF	F PERSON WHO	COMPLETE	SE OF DEATH (ITEM	27) (Type,	Print)		W.	١١ ٥	33-Nor	- (1.4	OC To
	31. DATE FILED (Month, Day,	393	Pulse David	A'S SHEWATURE	2	10'		-/-		J J - Nor	in we	of Ho.	My Contes
4	JUN L = 15	733 (1	A THE STATE OF STATE									

of parties and a first to the same of the same

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or equires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1								93	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUME	BER	5. 9EX	B. AGE (In yrs. In	st birthday)	IF UNDE	1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTI	IPLACE (State or Foreign
72	194-50-8648	8	1)XXM 2 □ F	32	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D			New	Mexico
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	r, TOWN	OR LOCATION OF	11/0 DEATH	5/00	9c. COU	NTY OF D	
DIRECTOR	PRINCE GEOR		HOSPITAL (ENTER		CHEVERLY PRINCE GEORGE'S					GEORGE'S		
RE	10s. STATE	10b. COUNT	Y		10c. Cl	FY, TOWN	OR LOCA	TION					10d. INSIDE CITY
	Md	PG			CHEVERLY						LIMITS?		1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
N	2342 Belle View Ave							20785				USA	
F	11. MARITAL STATUS 1 ☐ Never Married 2 ☒ Married 12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2			EVER IN U.S. AI	RMED NO	13.	WAS DEC	ENDENT OF HISP ecify Cuben, Mexic	ANIC ORIGIN? (Specify Yea	n or No—	14. RACI	E — American Indian, k, White, stc.
BY	3 Widowed 4 Divo		IF YES, GIVE WA	R OR DATES				2 K NO Spec		,,		Spec	
	15. DEC	EDENT'S EDU	CATION	16a, Di	ECEDENT'S	USUAL O	CCUPATIO	ON .	16h KI	NO OF BU	SINESS/INC	MICTOV	Didek
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5+)	(0	give kind of b. Do NOT u	work done se retired.)	during mo	st of working	100. 10	110 07 80	SINESS/INL	7031H1	
립	12 Yrs		3 yrs		vers	eas	Oper	ator		Comm	unic	atio	n
ő	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTNER'S N	AME (First, Mide	dle, Meiden	Sumame)		
BE O	Freeman Wilson Sr.							W	ilma G	ibsor	1		
6	19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number or Rura	l Route Number,	City or Tow	n, State, Zip	Code)	
۴	Hazel War	re			Sam	e as	10a	,b,c,d,	e,&f				
	20s. METHOD OF DISPOSITI	ION	oval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na	me of	DATE	20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other	(Specify)		The ter Ica	ricor				i	1	entwo		
	21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE	1		22.	NAME A	D ADDRESS OF F	ACILITY JO	ohn I	. Rh	ines	Co., Inc.
	Jua	w	mille	/				3	030 121	h St	NE,	DC	20017
	23. PART I. Enter the di	seasea, Dr	complications that	caused the de	ath. Do	not enter	tha mo	da of dying, au	ch aa cerdiad	or respi	iretory an	rest.	Approximata
	/shock, or he IMMEDIATE CAUSE (Fin	eart tellure.	List only one caus	on each line	.								Interval Between Onset and Death
	disease or condition The disease or condition The disease of conditi												
	disease or condition resulting in death) a. Due to on as a consequence on												
Z	Sequentially list conditions. b. 14yherterson												
CERTIFICATION	if any, leading to immed	diate	DUE TO (C	M AS/A/OCHINE	QUENCE O	F):							
2	CAUSE (Disease or Inju		C	D 40 4 00000									
Ē	thet initiated events resulting in death) LAS	т 📗	JOE 10 (C	R AS A CONSE	OUENCE O	P):							
E		-	d										
	PART II. Other significa	nt condition	s contributing to d	eath but not i	resulting	in the ur	derlying	ceuse given i	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
							PERFORMED? 1 □ YES 2 → NO				AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF DEATH (C	heck only one)				
YSI	1 YES 2 NO		1 Inpatient 2	R/Outpatient 3	□ DOA	OTHER		5 🗆 Residence	8 Other (S	pecify)			
표	27, MANNER OF GEATH	Daniel Co.	28s. DATE OF IN (Month, Day,		28b. TIN	IE OF	28c. INJ WO	URY AT RK?	28d. DESCR	BE NOW I	NJURY OC	CURED	
À		Panding nyeatigation				M		ES 2 NO					
		Could not be setermined	28s. PLACE OF building, et	INJURY — At ho c. (Specify)	rme, 1arm,	street, lact	ory, office		281. LOCATIO	ON (Street a	and Number	or Rural P	loute Number,
Ē.	On the second se												
COMPLET	29a. CERTIFIER (Check only one)												
ဂ္ဂ် ဂြ	2 MEDI	CAL EXAMINE	R: On the bests of axa	mination end/or	Investigation	on, in my o	pinion, d	eath occured at th	e Jime, data and	i place, an	d dus to th	s cause(s) and manner as stated.
BE	29b, SIGNATURE AND TITLE	OF CHRTIFIE	(1)		1	1		29c. LICENSE NU	MBER		29d. DAT	SIGNED	(Month, Day, Year)
2	0000	VO C	vygo		_	7)					> 6	5 8	-93
-	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)							
	31. DATE FILED (Month, Day,)	1002	GO REGISTHAR	SIGNATURE	ساليها								
	JUN 14	1993	1/										

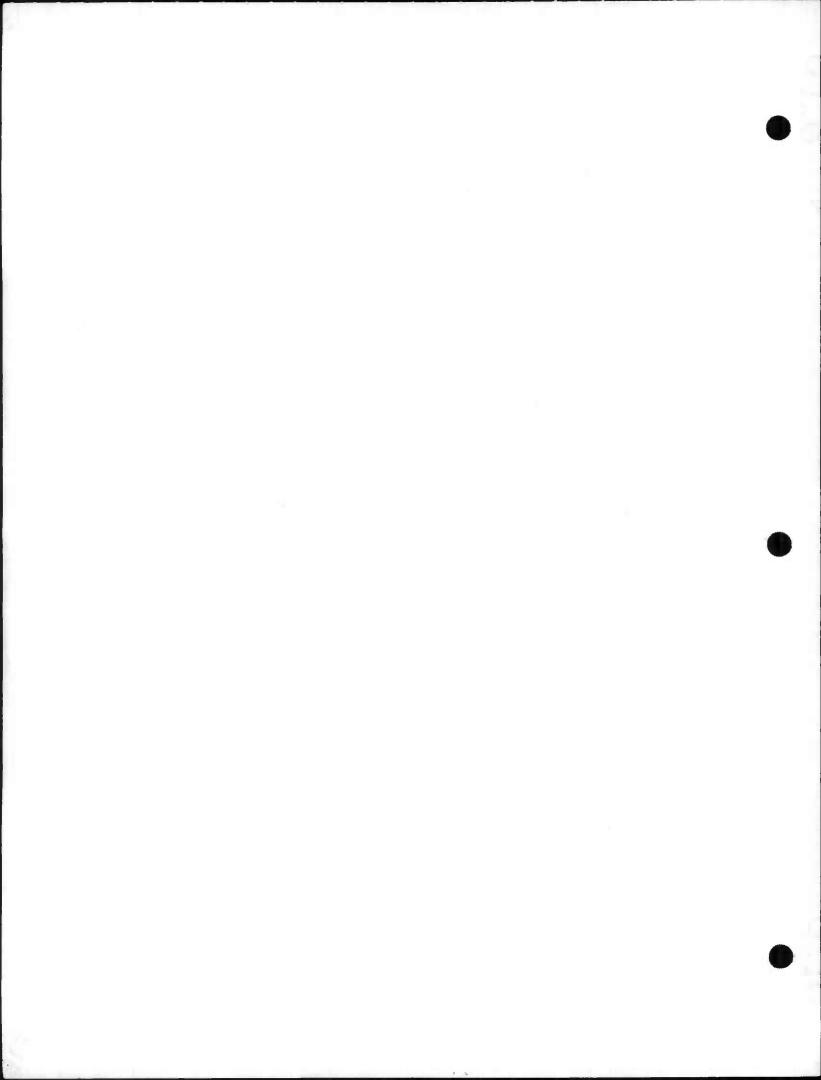
TO THE HYBRIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HYBRIAL DRESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be find made at the contract of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (E/IS), MIGGIO, Last) MAITHEW	А	LSTON	JR.		2. DATE OF DEATH MONTH 06 13	* 1993*EA	3. TIME OF DEATH 3:10 P M	
	4. SOCIAL SECURITY NUMBER 226-52-9161	DCXM 2 □ F	MGE (In yrs. last birthday) 54 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 6/1/193	8. Bt Co	RTHPLACE (State or Foreign country) CAROLINA	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL			BALT	IMORE		9c. COUNTY O		
띮	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
	Maryland		В	altimo	re			1. YES 2 NO	
FUNERAL	1608 EARECKSOI	N PLACE		10	2121	3		SA	
B	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 XNO	If yee, ac	CENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y:	s or No — 14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16m. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATI work done during mo ne retired.)	ON ast of working	Maryl		mber Co.	
CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Matthew Alston	n, Sr.				Alston			
임	19a. INFORMANT'S NAME (Type/Print)					Aoute Number, City or Tow			
	Angel Alston 20a. METHOD OF DISPOSITION LX Burlel 2 Cremation 3 Remo	101 9745 200-1	206. PLACE AND DATE	OF DISPOSITION (N	KSON PL		TIMORE		
	4 Donation 1 Other (Specify)		KING MEM	IORIAL	PARK	6/18 RA			
i	21. SIGNATURE OF FUNERAL SERVICE LICE	THE THE PARTY OF T	2 10-11	Lero		ett & So y Height			
	23. PARY I limer the diseases or co	omplications that car	used the death. Do n	not antar tha mo	da of dying, suc	h as cardiac or reapi	ratory arrest,	Approximata	
	iMMEDIATE CAUSE (Final disease or condition	A	n aach ima.					Interval Between Onset and Death	
	resulting in death)	Amorrio (AS A CONSEQUENCE OF	mage				3 days	
z		1			,			1	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO ON	AS A CONSEQUENCE OF	Cancinama secuence of:					
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR	AS A CONSEQUENCE OF	n:					
臣	resulting in death) LAST			,				į	
- 18	PART II. Other significant conditions	contributing to dear	th but not requiting i	n the underlyin	Cause alven in	Part I. 24a, WAS AN	ALCTODAY .		
DICAL	Hubertension	>		uio andonym	y cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
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ż	Shoke								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)			
£ ∥	1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 I ER/	RY 28b, TIM			6 Other (Specify) 28d. DESCRIBE NOW II	NILIBA OCCUBED		
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar) INJ	M 1 .	RK? (ES 2 NO			1	
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (URY — At home, farm, a Specify)	treet, lectory, offic		261. LOCATION (Street a City or Town, State)	and Number or Rur	al Route Number,	
릴						to the cause(a) and man			
S I	2 MEDICAL EXAMINER	: On the basis of examin	ation and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, and	d due to the caus	e(a) and manner as stated.	
H H	296. SIGNATURE AND TITLE OF CERTIFIER	- No			29c. LICENSE NUM	IBER		IED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)	77711		6/13	CIN	
	JANE SUNC	5. THH	BALT	MORE	MD				
3	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE						
	JUN 15 1993	Turne management							



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y be	90e	
E	or, p	
Page 6	direct	
N ENDING PHYSKUAN: The law requires that the death certingate be executed within 24 hours after death. Page 6 may be retained by	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	
arrer	y the	noval
2	Q U	rer
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77	y fil	ation
NATE OF THE PARTY	npletel	Crema
Cuted	nd cor	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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CING	After	death
N EN	70R:	after

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIEN		17232		
	1. DECEDENT'S NAME (First, Middle, Last)	(Thomasella A	A. Adams)	OATE OF BEATT	2. DATE OF DEATH MONTH	AY YE			
	4. SOCIAL SECURITY NUMBER	AUAMS	(In yrs. last birthday)	IF UNDER 1 YEAR	June 1	1 1993	12:27 P M		
	213-68-3975 9a. FACILITY NAME (If not institution, give	1□M2RF 40	YRS.	ONTHS DAYS HOURS MI	(Month, Day, Year) 08-12-195	2	Baltimore		
CTOR	Franklin Square I			96. CITY, TOWN OR LOCATION OF DEATH Baltimore Baltimore Baltimore Baltimore County of Death					
OWEG	10e. STATE 10b. COUNT	imore County	1.0	TOWN OR LOCATION	LIMITS?				
FUNERAL	100. STREET AND NUMBER 5130 Henry Avenue	9		101. ZIP CODE 21236		,	OF WHAT COUNTRY?		
8	11. MARITAL STATUS V Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES CIVE WAR OR DATES			SPANIC ORIGIN? (Specify Yextcan, Puerto Rican, etc.)	a or No — 14. I	RACE — American Indian, Black, White, etc.		
ence.	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 6th Grade	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Clerk	rk done during most of working	B.A.R.		RY		
42	17. FATHER'S NAME (First, Middle, Last)	T.	CTCTV		NAME (First, Middle, Maiden	Sumame)			
BE BE	19a. INFORMANT'S NAME (Type/Print)	Jr.	T 105 MAIL INC 4	DDRESS (Street and Number or Ru	abeth M. Chi				
be notified TO BE	Elizabeth M. Adar	ns		enry Avenue, B			,		
must	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 201	DULANE AND DATE OF DULANEY V	pisposition(Name of alley Cemeter		cation - chy Ltimore	or Town, State , Maryland		
or removal. medical examiner	21. SIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the disth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hypoxia	d the death. Do no such life. A CONSEQUENCE OF:	t enter tha mode of dying,	auch as cardiac or resp	iretory arrest,	Approximeta interval Between Onset and Death		
Hygiene prior to burial, cremation, or other fraumatic event, the ETTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Lisenmengers Syndrome Heart Failure (Atrial Solvical Defects								
ental Hygiene prior to buri ry, or other fraumatic CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUWNS SYNGROME								
of Health and Me hows any Inju MEDICAL	PART II. Other significant condition	ns contributing to deeth b	out not resulting in	the underlying ceuse given	in Part i. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN:	25. WAS CASE REFERRED TO MEDICAL								
State Dept. or Item 23 sl	EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH OTHER:					
ked, o	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		28d. DESCRIBE HOW I	NJURY OCCURE	D		
28 is ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	— Al home, farm, str		28f. LOCATION (Street City or Town, State)	and Number or Re	ıral Route Number,		
APL APL				at the time, date and place, and in my opinion, death occured at			ise(a) and manner as stated.		
be filed within IMPORTANT: TO BE COA	29c. LICENSE NUMBER 29d. DATE SIGNED (Worth, Day, Year)								
,	or Jacquelene Ro	0		are Drive Balt	timore, MD 2	21237			

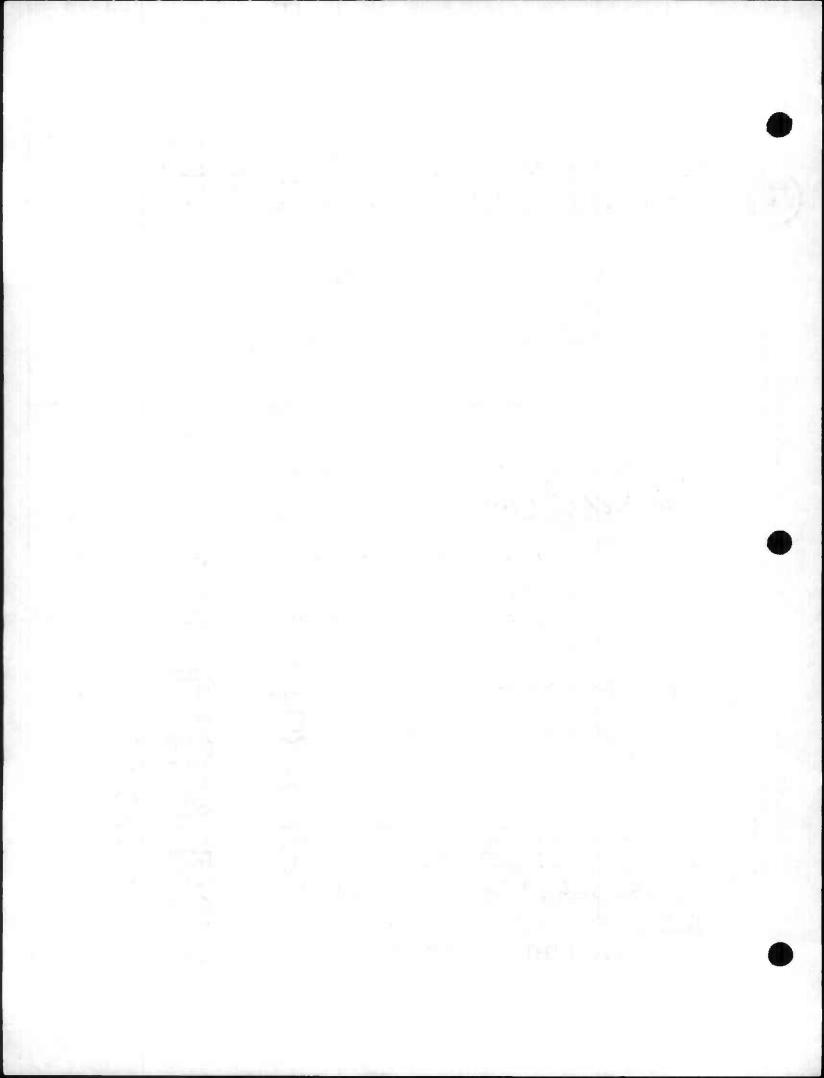
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MA		RTMENT OF H		MENTAL HYGIEN	_	1/233
	DECEDENT NAME (First, Middle, Leaf) WAL	TER JOSE	EPH BA	IN	2. DATE OF DEATH	6-10-	3. TIME OF DEATH
	BOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	AGE (In yrs heat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland
OB	Pa. FACILITY NAME (If not institution, give street and number)	ER	96. CHTY, TOWN O	TIMO	EATH CE	9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore C		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL C	10. STREET AND NUMBER 1508 Rawlings Well Roa	d	101	2 1 2 2 8	3		OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 1 Never Married 2 Married 3 Wildowed 4 Divorced 1 Never Married 2 New War	VER IN U.S. ARMED YES 2 NO OR DATES	If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, stc.) fy:	or No- 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DN at of worlding	16b. KIND OF BU	SINESS/INDUS	TRY		
E COM	17. FATHER'S NAME (First, Middle, Last)	AME (First, Middle, Maiden	Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Geoffrey Bain		Route Number, City or Tow d, Baltir				
	20s. METHOD OF DISPOSITION 1 □ Burlai 2 □ Cremation 3 □ Ramoval from Stata 4 ⊠ Donation 5 □ Other (Specify) 21. SIGNATORIE OF FUNERAL SERVICE LICENSEE R O 11 1 □ C	20b. PLACE AND DA' of cemetary, cremeto Wade, Di 6/14/9	ry or other place) 22. NAME A	ND ADDRESS OF FA		e Ana	n tomy Board ID 21201
	23. PART I. Enter the diseases, or compleations that of shock, or heart failure. List only ons cause in MEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (O	aused the death. Do on aech line.	mahyce		ch se cerdiec or reep		interval Between Onset and Death
CERTIFICATION	If any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUENCE	ce pul	2 marie	disease		2wks
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to de Pararated Gastric Wile	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 Inpatient 2 12	R/Outpetlant 3 □ DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, 2 Accident investigation	JURY 26b. T	IME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
	- Decident	INJURY — At home, farm c. (Specify)	, street, factory, offic	te	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam						
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	23	West	SRUS		29d. DATE S	SIGNED (Month, Day, Year)

JUN 15 1993 Juli Sandan

21201

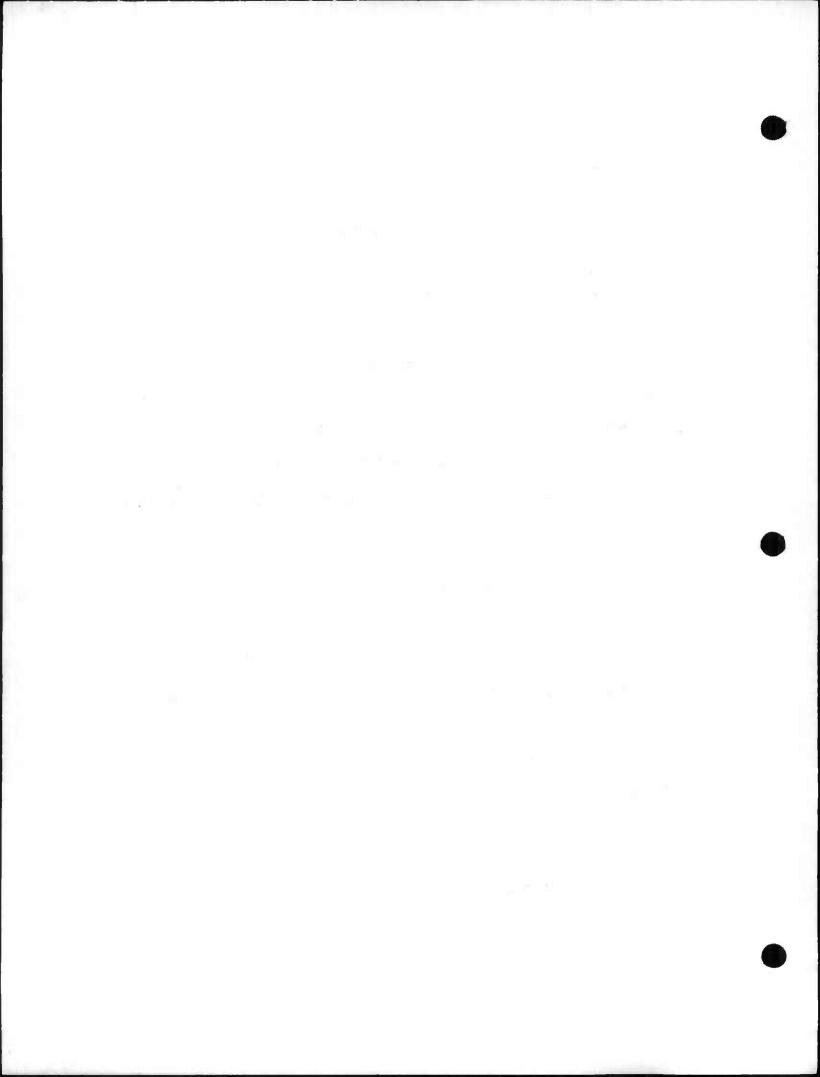
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1 - FOR REGISTR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	Ю.				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEAT	гн	
		LYNORA	BERi	MAN			06	10 19	993	05:17	Рм	
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPL	ACE /State or Er	oreign	
7		212-03-3989	1 🗆 M 2 💢 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/6/19		Country) MARY	LAND		
3 should		Sa. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNT				
8°	NG.											
	DIRECTOR	RESIDENCE OF DECEDENT										
age	끮	MARYLAND 106. COUNTY	1	1% SI	CTIMORE	ATION			10	d. INSIDE CITY	1	
permit, Pages 1,									17	YES 2	NO	
	ĭ.	100. STREET AND NUMBER 101. ZIP CODE 27.05 LIANISCON AND 27.05 LIANISCON AND										
ansit	買	2705 HANSON AVE.					USA					
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	fes or No- 1/	I. RACE —	American India	an,	
ing ph	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Specify:		y:			MITE		
215-0 attending se as the	8	16. DECEDENT'S EDUC	AATION!							<u>.</u>		
or afte	E	(Specify only highest grade	completed)	(Give kind of Ille. Do NOT u	Work done during m	ION nost of working	16b. KIND OF I	BUSINESS/INDUS	STRY			
ND 21 hospital or ached for ce.	ا ۾ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)		JSEWIFE		AT HOME					
AND the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		HOODEW	TL F							
YLA by the be det	_		GEL			SARAH	ME (First, Middle, Maid I	en Sumame) COHEN				
	BE	19a. INFORMANT'S NAME (Type/Print)		105 44411 1010	2 ADDRESS (0)				-			
MAR retained t 5 should notified	일	HAROLD BERMAN			HANSON		Route Number, City or 1	bwn, State, Zip Ci 21209				
P bage		300. METHOD OF DISPOSITION	100									
MORE, age 6 may be director, page		XX Buriel 2 Cremation 3 Remo	oval from State cerr	BETH TI	OF DISPOSITION (A	6/1]		LOCATION — CH LTIMORE		State		
dire dire		21. SIGNATURE OF FUNERAL SERVICE LIC		DH411 111					7 110			
ALTIM death. Page funeral dire		SOL LEVINSON & BROS., INC.										
	7	6010 REISTERTOWN RD. BALTO., MD 21215										
24 hours after filled in by the fon, or removal the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.										
a bound in or or or or or		IMMEDIATE CAUSE (Final										
	disease or condition a. Getsto in Estual Bleduy Due To (or as a consequence of):									244	AUG	
760, d within omplete I, cremi event,			DUE TO (OR AS A	CONSEQUENCE O	F):							
executed within and completely o burial, cremat matic event,	Z	Sequestially the and things to be placed a greene										
or an or	ATI	if any, leading to immediate cause. Enter UNDERLYING										
B(icate physic ic pri	2	CAUSE (Disease or injury C.										
certificate ding physic tygiene pri	Ē	that initiated events resulting in death) LAST										
T = 5 = 0	CERTIFICATION		J							i		
		PART II. Other significant condition	a contributing to death b	ut not reaviting	In the underlying	ng cause given in		AN AUTOPSY		RE AUTOPSY FI		
that that he are the are	EDICAL	Renal +				RFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
Sign Fig. C	MEC							OF DEATH?				
L KE law requil as been s bept, of H 23 show										7 153 2/		
AN: The law inficate has be State Dept.	SICIAN:	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SICIAN: The certificate h the State (Sic	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	me 5 - Residence	# Other (Specific)					
HYSICIA his certif with the	PHY	27. MANNER OF DEATH	28b. TIM	E OF 28c. IN	JURY AT	28d. OESCRIBE HOW INJURY OCCURED						
NG PHYS fler this ceath with marked.	ВУ	Natural 5 Pending Accident Investigation	(WORLI, Day, Year)	(Month, Day, Year) INJU		WORK? M 1 YES 2 NO						
VDING S. After death is ma		3 Suicide 28e. PLACE OF INJURY — At I			t home, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number,					
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State Dilem 28 is marked, or item	ETED	4 Homicide determined	building, stc. (Spec		City or Town, State)							
	7	29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowledge death assured of the life.										
NERAL MERAL MIN 72 NT. II	COMPLI	CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the ceuse(a) and menner as stated. Clerck only									hated	
THE HOSPI THE BINES FINE BINES FORTANT		SAL SIGNATURE AND STATE OF CONTROL										
THE SE	H	Cel Torr			29		TEO O		29d. DATE SIGNEO (Month, Day, Year)			
A P S A	임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		Mika Kaketu		J. Wolle		. 110						
		31. DATE FILED (Month, Day, Year)	a 32 ang giar RAR's trans	ATMRE ATMRE	- 3F 10	ua 110						
	10	111N 1 - 1000 4	Jan Davidson - 101	PAR								



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

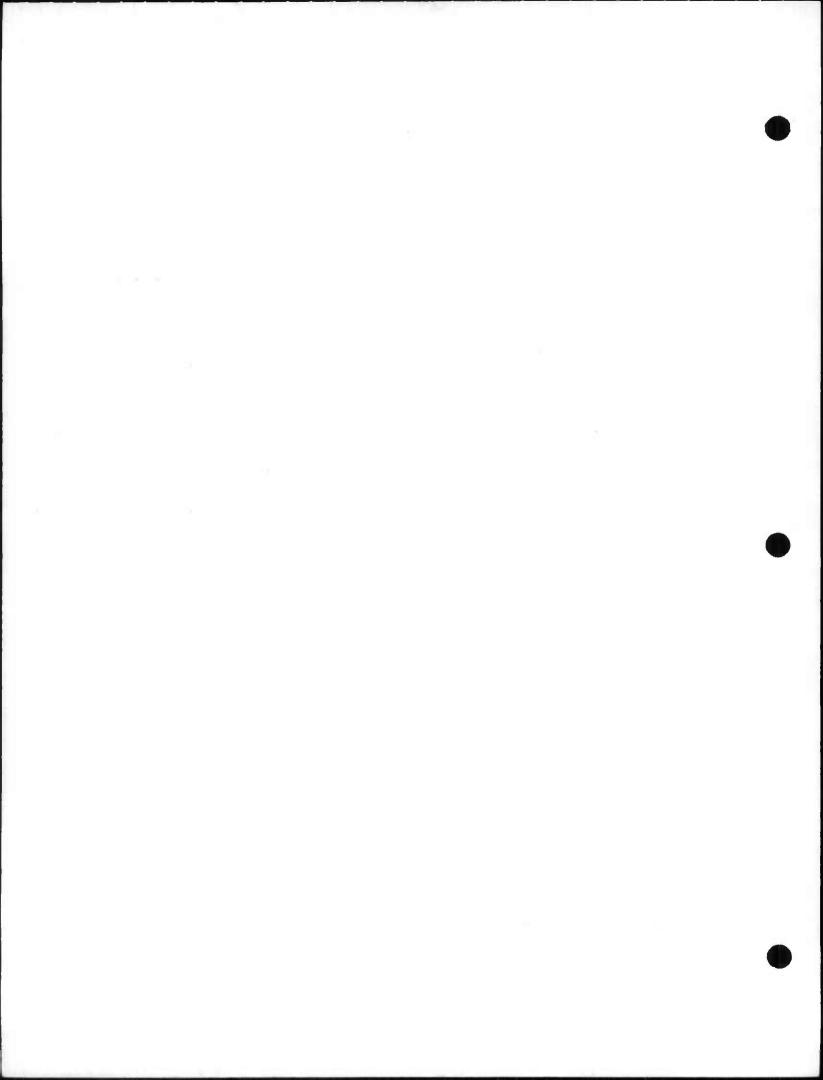
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TIT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tremoval.	MINDRIANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic eve

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

93 17235 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR HERBERT CARL BANK 09-1993 9:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 1 □XMX2 □ F 365-12-3610 76 YRS. 01-21-191 MICHIGAN

9a. FACILITY NAME (If not institution, giv	e street and number)		9b, CIT	TY, TOWN OR LOCAT	TION OF DEATH		9c. COUN	TY OF DEAT	н
	ADOW DRIVE		GL	EN BURI	NIE		ΔΝΝΙ	7 7 10 1	LNDEI.
RESIDENCE OF DECEDENT 10a, STATE 10b, COU		10.00							
MARYLAND AND	NE ARUNDEI			OR LOCATION BURNII	E			1	1. INSIDE CITY LIMITS? YES 2X NO
10e. STREET AND NUMBER				10f. ZIP CO	DE		10g. CITIZ	EN OF WHAT	COUNTRY?
118 SOUTH MEA				210				.A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 (X)		13	3. WAS DECENDENT if yes, specify Cub	OF HISPANIC OF	RIGIN? (Specify Yes	or No-	14. RACE — . Black, WI	American Indian, hita, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		1 TES 2 TYNO					WHITE
15. DECEDENT'S EI (Specify only highest gra	DUCATION acle completed)	16a. DECEDENT'S	USUAL (OCCUPATION e during most of work	dea	16b. KIND OF BUS	INESS/INDU	ISTRY	
Elementary/Secondary (0-12) 1. 2	College (1-4 or 5+)	Ille. Do NOT us	e retired.	AL CHEM		DEPT.	OF I	NATUF	RAL RE-
17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NAME (F	irst, Middle, Maiden			SOURCES
OTTO BANK					RAH	MART			
199. INFORMANT'S NAME (Type/Print) BARBARA M. BA	NK	196. MAILING 118	SOU	SS (Street and Number JTH MEAI	or or Rural Route	Number, City or Town	State, Zip (Code) BURNT	E.MD.
20a. METHOD OF DISPOSITION									
1 Buriat 2 Cremation 3 Re	emovat from State	cemetery, cremetory or of	ther plece	e)	T.V.C	2/111		Ity or Town,	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	METRO CR		NAME AND ADDR					
+ of Herry	- Stephen					этисті			RAL HOME
23. PART I. Entar the diseases, o	or complications that ca	used the death. Do n	ot ante	er tha mode of d	ying, such as	cardiac pr respi	atory arre	st. 210	Garbroximata
shock, or haert failure iMMEDIATE CAUSE (Final	e. List Dnly ona causa r	on aech line.							interval Between Onset and Death
disease or condition	RG	Ador		Cagi	-01-	0.07	2.7	7	Onest and Death
resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF	F):	- 44	EV	un e 1	0)/4	100	
	. To	Cua	. 0					į	
Sequentially list conditions, if any, laading to immediata	DUE TO (OR	AS A CONSEQUENCE OF	7:						
CAUSE (Disease Dr injury	c								
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	7):						
	d								
PART II. Other significent conditi	ons contributing to dee	th but not resulting i	n tha u	inderlying ceuse	given in Part	PERFOR	WED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE
						1 - YES 2	□ /40	OF	DEATH?
								11	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Check or	nty one)			
EXAMINER?	HOSPITAL:	Outpetlent 3 DOA	OTHE			,,			
27. MANNER OF DEATH	28a. DATE OF INJU	IRY 26b. TIME	E OF	28c. INJURY AT		DESCRIBE HOW IN	JURY OCCU	PRED	
1 Natural 5 Pending Investigation	(Month, Day, Ye	inut	URY M	WORK?					
2 Accident Investigation 3 Suicide 6 Could not b	28a. PLACE OF IN.	IURY — At home, farm, s	treet, fac			LOCATION (Street as	nd Number o	r Rural Route	Number
4 Homicide detarmined	building, etc.	(Specify)				City or Town, State)			
29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my i	mowledge, death occurre	d at the	time, data and plac	and due to the	cause(s) and mea-	ner no etetor		
	NER: On the basis of examin								I manner as stated.
29b. SIGNATURE AND TITLE DF CERTIF	IER AT			29c. LIC	ENSE NUMBER	T	29d. DATE	SIGNED (Mor	nth, Day, Year)
30, NAME AND ADDRESS OF PERSON W	orbuly M.	P	0.1.	02	793	8	▶ 6	10	183
DR. MAYER GA	RBATY, 95	AQUAHART	Print) RC	DAD, GL	EN BUR	NIE, MA	ARYL	AND 2	1061
31. DATE FILED (Morith, Day, 1647) JUN 1 5 1993	guia Davidson	- Janoare							



notified at pe THE REAL PROPERTY. examiner medical å event, traumatic other t 6 TO ME FALL DIRECTOR: After this certificate has been signed by the control of the state Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any In

1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR STANLEY BRAXTON 06-1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreig IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dey, Year) 10/ 20/1943 1 X M 2 - F 49 YRS Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 525 McMECHEN STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore 1 1 X YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3421 Jo Ann Dr. 21044 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 \(\sum_{YES} 2 \)
 NO Specify: RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married FORCES? 1 YES 2 ВУ 3 Widowed 4 Divorced Afro American COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) Maintenance Mamt lower 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Fields BE James Atha Braxton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Atha Braxton Spence Ko Ann Dr. Balto. Md. 21244 20e, METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from Stata 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Arbutus 6/15 Balto., Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217 22 PANT I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition wound of minutes ah resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 XYES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Rasidenca 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 2:19 A 1 Natural 5 Pending Investigation 1 YES 2 X NO 06-12-1993 BY SUBJECT STABBED 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide McMECHEN STREET BALTIMORE, MD 29s, CERTIFIED death occurred at the time, data and placa, and due to the cause(e) end menner on stated. EXAMINER: In my opinion, death occured at the time, data and place, and due to the cause(s) and menner es stated. **BE** 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D Year) 6 9 OCME 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street. <u>Maryland</u> Baltimore, 21201 July Day dan Mondale

Survey of their

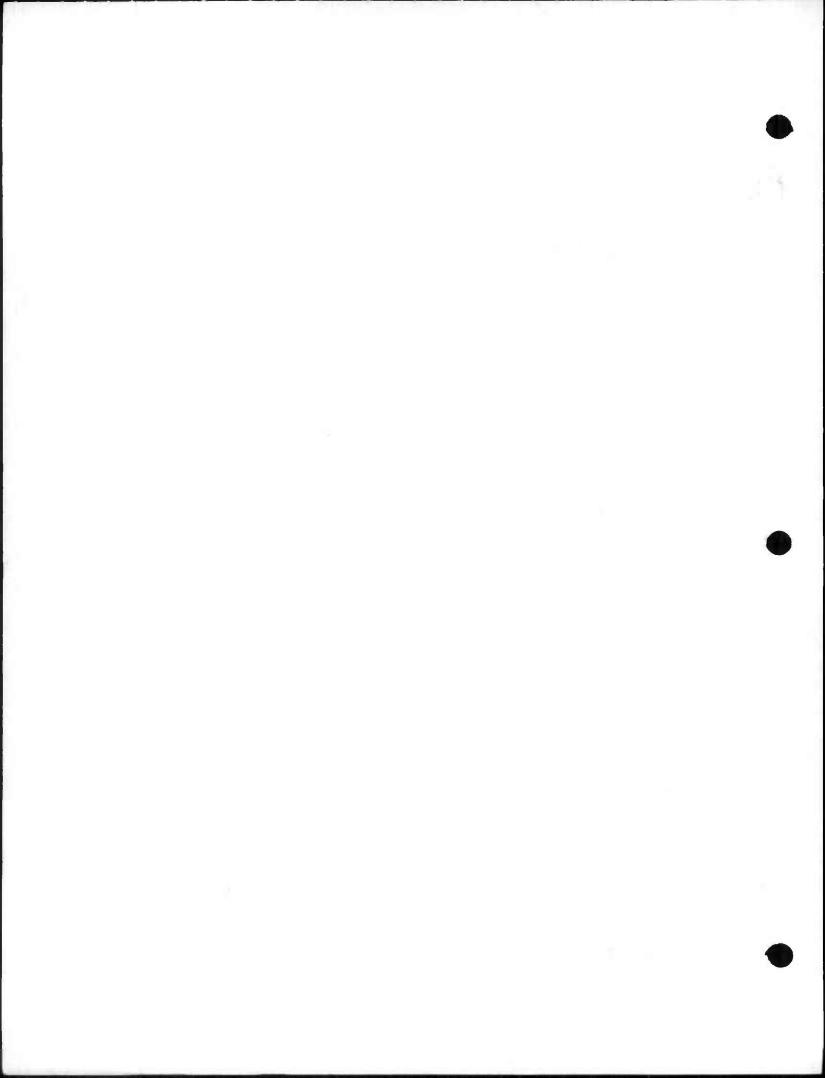
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE O	F DEATH	REG. N	0.		
3	1. DECEDENT'S NAME (First, Middle, Last) MAE B.	BISH	0P			2. DATE OF DEATH MONTH 06	09 19	993°	3. TIME OF DEATH 7:30 P M
1	4. SOCIAL SECURITY NUMBER	100.00	GE (In yrs. lest birthday) 6 0 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 2 - 2 1 - 1 9	33	Country	PLACE (State or Foreign
OR	THE JOHNS HOPK		L		N OR LOCATION OF DI TIMORE	EATH	****	LTIM	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT								
DIRECTOR	Maryland Howa			, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2997 Normandy	Drive			101. ZIP CODE 2 1 (043	10g. CITI	USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify	n, Puarto Rican, atc.)	es or No—	14. RACE Black Specif	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF B	USINESS/IND	USTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	rork done during e retired.)	most of working	Hom	emake	er	
NO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
BE (George Buchwal	.d			Ethel				
2	19a. INFORMANT'S NAME (Type/Print) William Bishop				et and Number or Rural i				
	20a. METHOD OF DISPOSITION		2997		andy Dri		OCATION -		
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	cemetery, crematory or ot	her plece)		1		only 0. 101	vii, stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEEROnald					e Ana	atom	y Board
	Selvand//	Mase			V.Baltim				21201
	23. PART I. Enter the diseases, prospection of ahock, pr heert fallure. IMMEDIATE CAUSE (Final	List Dnly Dne cause Dr	eech line.						Approximata Interval Between Onset and Death
	disease or condition resulting in death)	Common	S A CONSEQUENCE OF	art 1	railure		A .		lyr.
VIION	If any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	able	Immun	e Defic	renou		8 yr.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE DE):					
CER		d							
EDICAL	PART II. Other algnificant condition	s contributing to deati	but not reaulting I	n the underly	ing ceuse given in	Part I. 24a, WAS A	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	Renal Failure	yperten	5100			1 YES	2 NO		OF DEATH?
						_			1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Che	eck only one)			
₹	1 VES 2 NO	Inpatient 2 - ER/O			ome 5 🗆 Residence	6 Other (Specify)			
	Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	(Y 28b. TIME	JRY	NJURY AT NORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJU- building, etc. (S	IRY — At home, farm, si pecify)			201. LOCATION (Street City or Town, State	t and Number	or Rural Ad	oute Number,
E I	An CERTIFIED A /								
COMPLET	(Check only	CIAN: To the bast of my kn R: On the basia of axamina							and menner as stated.
BE C	290 SIGNATURE AND TITLE OF CERTIFIER	,	D.110		29c. LICENSE NUM	IBER	29d, DATE	SIGRED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (3-1	Drint)	H2414	7354	1 0	19	193-
	Carlos S	Ince ?	St. MD		wp. w	olfe St.	3alti	mer	-140 F1501
1	31. DATE FILED (Month, Day, Year)	AZ. REGISTRAR'S SI							



BALTIMORE, MARYLAND 21203-3146

1

TO THE HOSPITAL OR ATTENDING PHYSICAN The antiques that the death certificate be executed within a feature death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat. or removal.

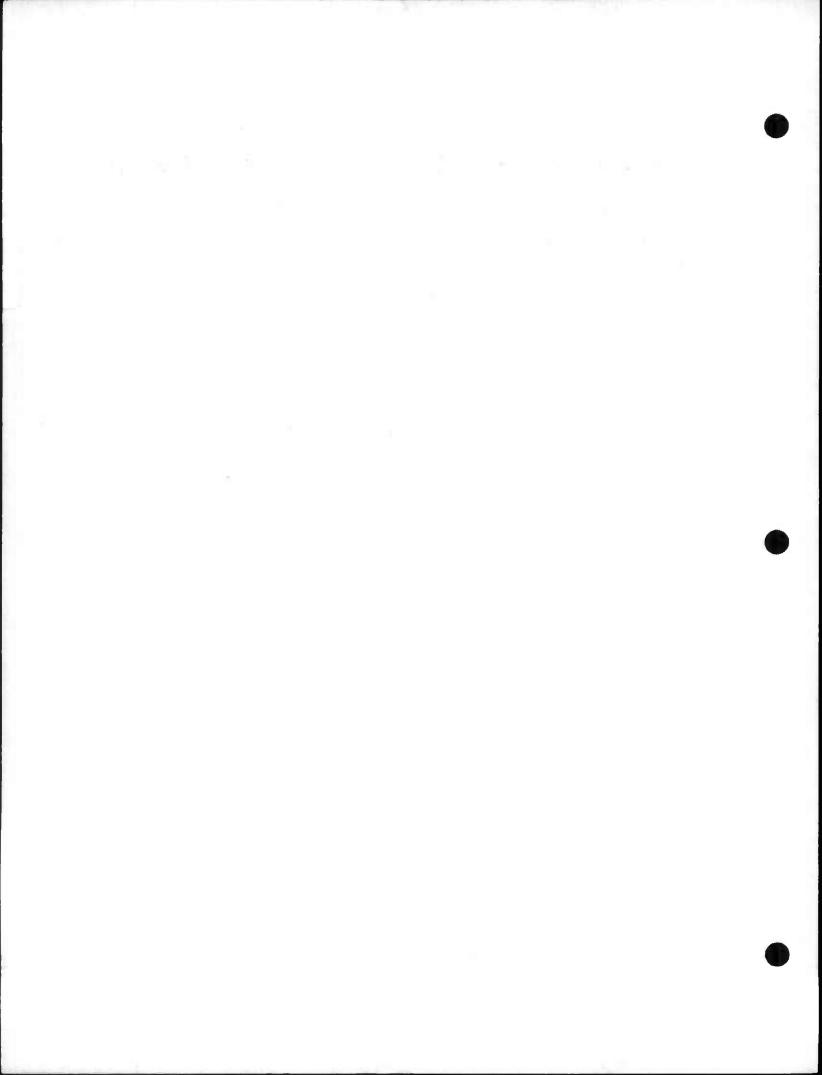
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIE!	
DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH	

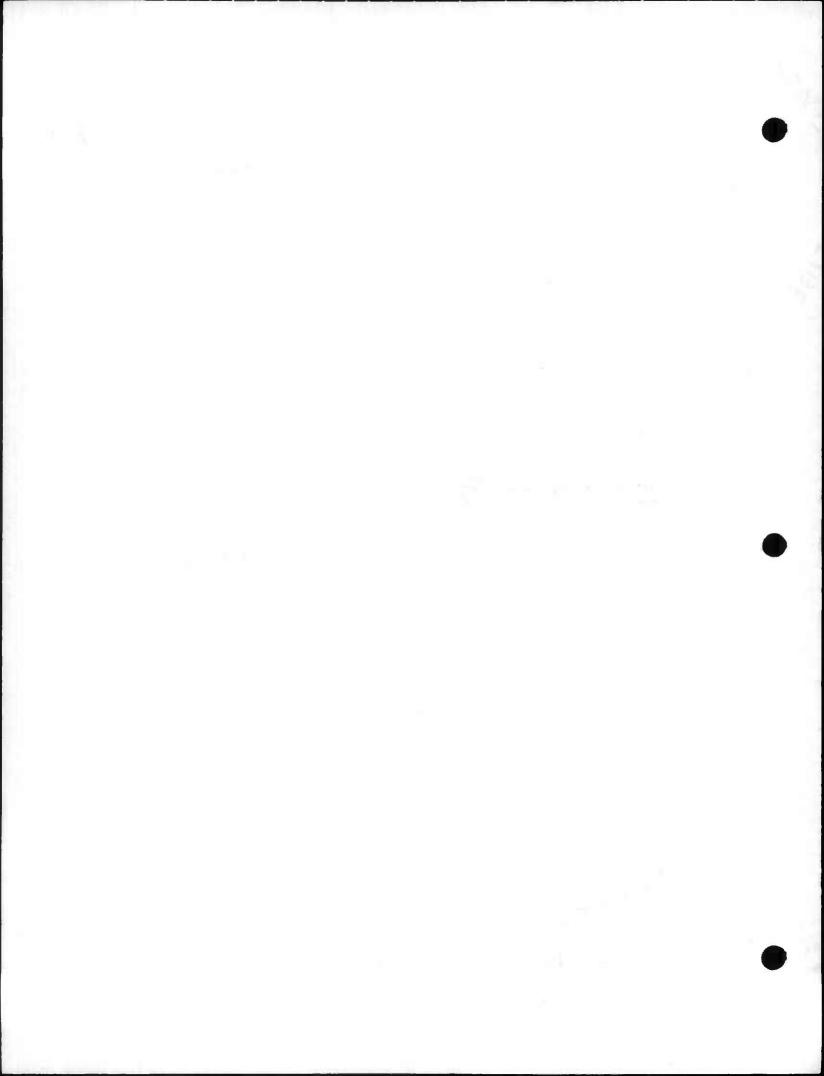
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	ELLA M. B	ABB								3	T3	10-30 AM
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. les		IF UNDER			24 HRS.	7. DATE OF BIRTH (Month, Day, Youg)		8. BIRTHI Country	PLACE (State or Foreign
	214205490	1 M 2 4	82	/ YRS.	MONTHS	DAYS	HOURS	MIN.	5/10/1	1	Country	Va.
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN	R LOCATI	ON OF D	ATH	9c. COU	NTY OF DE	EATH
	Bon S	ecou!	15			B	11	υ.				
DIMEGICAL	RESIDENCE OF DECEDENT											
	10s. STATE 10b. COUNTY			10c. CITY	, TOWN O							10d. INSIDE CITY LIMITS?
	Ma			1	100		9					1 X YES 2 ND
	10e. STREET AND NUMBER	1.50	2			10	ZIP COD	120	.1	10g. CIT	LIC	HAT COUNTRY?
	11. MARITAL STATUS		<u> </u>		100				1		4.5	American Indian,
	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO JUNED	1	f yes, sp	ectly Cubi	nn, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, atc.)	a or No	Black	, White, etc.
5	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		- 1	☐ YES	2 NO	Specif	y:		A fr	-American
	15, DECEDENT'S EDUC			ECEDENT'S					16b. KIND OF BU	ISINESS/INC	DUSTRY	7-111416
;	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 46	it Do NOT us	e retired.)	unng m	er or work	ng				
				D	ome	est	C		Hom	e		
	17. FATHER'S NAME (First, Middle, Last)	0 1					16. MOT	HER'S NA	ME (First, Middle, Maider	Sumame)		
	David	Kob.	n'son					K	usa Ge	od wi	7	
	19a. INFORMANT'S NAME (Type/Print)	Pete	YS 1	5 A	ADDRESS	1	and Number	or or Rural	Route Number, City or To	vn, State, Zi	Code)	160061
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other p	OF DISPOS	TONING	me of ce	metery, cre	matory or	1	CATION -		wn, State
	21. SIGNATUM OF FUNERAL SERVICE LIC	ENSEE ,		u i	22.	NAME A	ND ADDRI	ESS OF FA	Morton		Sons	
	James a	mor	ten		J	1 400	es		rens ST		4 Ho.	M. 21217
N/	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions,	RED DUE TO SE	pirato (OR AS A CONSE PSIS	EQUENCE OF		lu	re					Interval Between Onset and Death
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE			D	150	- 6	e.			
CENTIFICATION	CAUSE (Diseese or Injury	C. DUE TO	OR AS A CONSE	COLIENCE OF	na Mu	~	Lon	CHU		- 1		
	that initiated events resulting in death) LAST	M	ultip	Tw.	Mu	rel	our	9.				
5		d	1									
4	PART II. Other significant condition	a contributing to	death but not	resulting i	in the ur	derlyir	g cause	given in		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
									1 YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only one)			
2	1 YES 2 NO	1 inputient 2		3 DOA 28b. TIM				lesidence	6 Other (Specify)	IN NUMBER OF	OUDED	
מו בעונטוטוגיי	1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, i		INJ	IURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HOW	INJUNY OC	COMED	
3	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY — At h , atc. (Specify)	ome, farm, :	street, fac	tory, offi	De .		281. LOCATION (Stree City or Town, State		or Or Rural I	Route Number,
COMPLE	29a. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINE								a to the cause(s) and m			a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LI	CENSE NU	IMBER	29d. DA	TE SIGNED	(Month, Day, Year)
	Bedri Yous	if					03	216	7	-	6/13	3193
	30. NAME AND ADDRESS OF PERSON WE 4660 WILKENS	D COMPLETED CAL	Swite			B	ret	imi	re M) 2	122	29
1			ARS SIGNATURE		-							
0	31. DATE FILED (Mogth, Day, New)	guila Da	recon-you	ace.								

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	1 - FOR STATE OF MAI	RYLAND / DEPARTME CERTIFICA	NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	70 17205
	1. DECEDENT'S NAME (First, Middle, Last)	c m		2. DATE OF DEATH	3. TIME OF OEATN
	1. SOCIAL SECURITY NUMBER 5. SEX 6. 214-26-8265 1 1 M 2 X F	AGE (In yrs. Igst birthday) IF UN YRS. MONTH	DER 1 YEAR F UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign County)
OR	90. FACILITY NAME (If not institution, give street and number)	tospital 96.0	DOLTO	10/11/10/10	COUNTY OF DEATN
DIRECTOR	100 STATE 100 OUNTY	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 5878 Deer Ridge L 11. MARITAL STATUS 12. WAS DECEDENT 51	-ane	101, ZIP CODE 2 22	7	CITIZEN OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 NO Specifi	n, Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ille. Do MOT use retire	ne during most of working	16b. KIND OF BUSINESS	/INDUSTRY
BE CON	FLORGE Craw for	d	18.00 HER'S NA	ME (First, Middle, Malden Suffirm	ford
5	Flaa Ve son	196. MAILING ADDR 5878	Deer Rich	1	El Kndge MD
	20 AETNOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF DISK completes, crematory or other ple		11-1-1	onsville mD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Al alice Wars		A Ch +	CHITY 4300 W	wabash are
	23. PART i. Enter the diseases, or complications that ca shock, or haart failura. List only ona cause	used the deeth. Do not en	ter the mode of dying, suc		arrest, Approximets interval Batween
	immediate cause (Final disease or condition resulting in death)	AS A CONSEQUENCE OF):	vvelvs		Onset and Death
NOL	1	Aprivati	-v = foo	·Ł	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (OR	AS A CONSEQUENCE OF):	stad Hai		
CERI	resulting in death) LAST				
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to des	ith but not resulting in the	underlying cause givan in	Part I. 24s. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
N: ME					1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	26. PLACE OF OEATH (Chi	ick only one)	
HYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER 27. MANNER OF OEATH 28a. DATE OF INJ	JRY 28b. TIME OF	lursing Home 5 Residence	6 Other (Specify) 26d. DESCRIBE HOW INJURY	OCCURED
BY	1 Natural 5 Pending (Month, Day, Young Accident Investigation	м	WORK?	M = 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	
	3 Suicide 6 Could not be determined 28e. PLACE OF IN. building, etc.	JURY — At home, farm, street, f (Specify)	actory, office	261. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
OMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my lone) 2 MEDICAL EXAMINER: On the best of Laxamin				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN	IBER 29d. C	DATE SIGNEO (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Print)	1 219	648	6114/23
	31. DATE FILED (Month, Day, Year) 32. JEGISTRAR'S JUN 1 5 1993 Juna Jun	SIGNATURE			



- 「		FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lastly	STATE OF MARYL	CERTIF	ICATE OF	DEATH	REG. NO	E	17240
	1	WiniFRed	CAR	ered 1	Jorene	Carey	2. DATE OF DEATH DO	AY QYEAR	3. TIME OF DEATH
2		4	SEX AGE	(in you passiturchology) VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mosth/Day, Year) 07-25-1	Cou	THPLACE (State or Foreign nity) aryland
3 should		Se. FACILITY NAME (If not institution, give street				OR LOCATION OF DE	ATR	9c. COUNTY OF	DEATH
1, 2, 3	CIO	Harbor Hospital	<u>Center</u>		Balti	more Ci	ty	N/A	
=	- DIRECTOR		Arunde1	100	y, town on Locat Glen Bu	rnie			10d, INSIDE CITY LIMITS? 1 YES 2 NO
sit per	PA	10e. STREET AND NUMBER				I. ZIP CODE			WHAT COUNTRY?
-0020 pp physisian.	FUNERAL	1 Never Merried 2 Merried	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2)(10	13. WAS DEC	21060 ENDENT OF HISPAN Hecity Cuban, Mexical 32 N NO Specify		or No 14, RA Bis	ed States CE - American Indian, lock, White, etc.
A CONTRACTOR OF THE PARTY OF TH	D 84	3 X Widowed 4 Divorced				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			White
医 第二	PLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	rion mpleted) College (1-4 or 5 +)	(Give kind of a life. Do NOT us	usual occupation work done during more retired.)	DN ost of working		siness/industry	
# 2 5 Z	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Clarence Leste	er Bedell,				ME (First, Middle, Maiden ret Agne	Sumame)	
	2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		21060
		Betty Smith	200	D.PLACEANDDATE			Glen Bur	nie, Ma	
AORE ge 6 may irector, pa		1 G/Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ni from State cen	netery, crematory or o	ther place!				Burnie,Md.
BALTIMORE, ter death. Page 6 may be the funeral director, page yeal.		21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE ST	•	22. NAME AI	NO ADDRESS OF FAC	McCu	11y Fu	neral Home
BAI after dea by the fur moval.			ackman, fr						a,Md.21122
24 hours y filled in the tion, or real		23. PART i. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	pue to on as	the	fear	facel	as cardiac or resp	iratory arreat,	Approximate interval Between Onset and Death
P.O. BOX 687/ ath certificate be executed tending physician and com ath Hygiene prior to burfat, or other traumatic er	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Croh	COMBEQUENCE OF	ino	o Ble cfin	telling		
ORDS, F that the death ned by the atte th and Mental any Injury.	AL C	PART il. Other significant conditions	contributing to death b	out not resulting	in the underlyin	g cause given in	Part i, 24a. WAS AN		4b. WERE AUTOPSY FINDINGS
REC requires year sign was shown	: MEDICAL	Themen	lism				1 TES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL F The law the has be are Dept.	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (Che	ck only one)		
OF VITAL HYSICIAN: The law his certificate has with the State Dep ked, or Item 23		1 YES 2 D. HO	IOSPITAL:	petient 3 DOA	OTHER: 4 - Nursing Hom	ne 5 🗆 Residence	6 Other (Specify)		
	ВУ РН	27. MANNES OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY		M 1 .	YES 2 NO	28d. DEŞCRIBE HOW		
A ATTEN RECTOR: Just after m 28 lb	ETED	3 Suicide 8 Could not be determined	building, etc. (Spe	cify)	street, factory, orne		281. LOCATION (Street City or Town, Stelle)	end Number or Hurs	Il Houte Number,
	COMPL	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know. On the basie of examination						e(e) end manner ee stated.
POS THE	TO BE	296. INCHARTURE AND TITLE OF CERTIFIER 36. NAME AND ADDRESS OF PERSON WHO	- CREC	mor)	29c. LICENSE NUM	9ER	29d. DATE SIGN	B (Month, Day, Year)
20		31. DATE FILED (Month, Day, Year)	OVER-S 32. REGISTRAR'S SIGN	2 BA	Thimun	u mo	. 2/22	5	
		JUN	5 1993	Julia Da	doon-Rand			•	DHMH-16 Rev 1/89

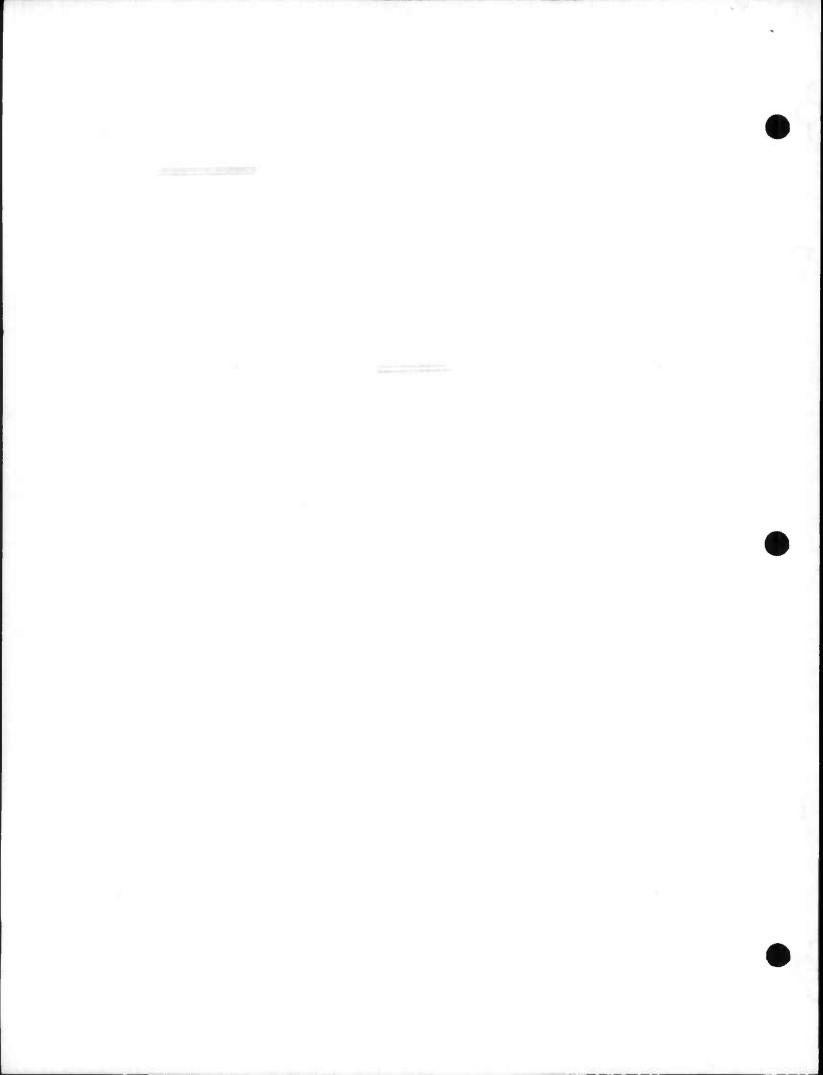


use as the burial-transit permit. Pages 1, 2, 3 should requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ğ detached been signed by the attending physician and completely filled in by the funeral director, page 5 should be a shows any linear and Mernal Hydene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law I THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s.

ITEMS: 7 & 16a per F.H. 6/17/93 G-700 reb 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH BRIAN ANDREW CROSBY 06 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, We 6/3/64 1 😾 M 2 🗌 F YRS. 216-72-3860 03 1964 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 7211 JUDY ROAD GLEN BURNIE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION

3. TIME OF DEATH 2:10 MARYLAND 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7211 JUDY ROAD 21060 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, Whits, atc. 1 X Never Married 2 Merried BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 1.2 NONE SUPERVISOR RETAIL SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) ELMER G. MCRANE PEGGY JANE KERBE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KEITH P. JOHNSON JUDY ROAD GLEN BURNIE, MD 21060 20s. METHOD OF DISPOSITION
1 □ Burlet 2 X Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats OATE METRO CREMATORY INC. 4 Donation 5 Other (Specify) BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Els SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 23, PART I. Enter the diseases or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only ona cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition Kaliy nant resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES ZNO 1 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 Residence 8 🗆 Other (Specify) 4 I Nurs 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building. atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29s. CERTIFIER Check any CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. 2 _ MEDICAL EXAMINER: On the basis of examination and/of investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNEO; (Month, Day, BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULE WENGER - HONDER



DIVISION NITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR

	1 - STATE REGISTRAR	CE CE				DEAT		MENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) CEODCE WITH TAM (COMANG						2. DATE OF DEATH JUNE 13,	993	YEAR	3. TIME OF DEATH 9:45 P.M. M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest i	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH	1993	6. BIRTH	IPLACE (State or Foreign
	241 05 0982A 1 X M		YRS.	MONTHS	DAYS	HOURS	MPI.	MAY 11, 19	18	NORT	H CAROLINA
DIRECTOR	9a. FACILITY NAME (If not institution, give street and nu 5408 NARCISSUS AVENU RESIDENCE OF DECEMENT.					MORE	ON OF OE	ATH	9c. CO	UNTY OF C	DEATH
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C							10d. INSIDE CITY LIMITS?
	MARYLAND			В.		MORE			1		1 YES 2 NO
FUNERAL	5408 NARCISSUS AVENU					2121				S. OF	A.
BY FU	1 Never Married 2 Married FORC	S, GIVE WAR OR DATES			If yes, sp	ENDENT O scify Cuba 2 M NO	F HISPAN n, Mexicar Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	Spec	•
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	3/1942 - 1/3/ 16a. DECI	EDENT'S	USUAL O	CCUPATIO	N st of workin	-	16b. KIND OF BU	SINESS/IN		ACK
COMPLETED		(1-4 or 5+) /// // // // // // // // // // // // /	ONOT US	e retired.)	auting mo	at or workin	9	STEEL MI		CDAD	ROWS POINT)
Ö	17. FATHER'S NAME (First, Middle, Lest)	LIAI	JOIL.			16. MOTH	IER'S NAM	ME (First, Middle, Malden		OI AR	RONG TOTAL)
H	JAMES COUNCIL COWANS					Α	DA B	ANKS			
2	190. INFORMANT'S NAME (Typo/Print) MRS. WILLA MAE COWANS	19b.	MAILING 5408	NAR	CISS	US A	or Rural R	Coute Number, City or Tow E BALTIMO	n, State, Zi	io Code) IARYL	AND 21215
	20a. METHOD OF DISPOSITION 1) Burlal 2 Cremation 3 Removal from :		atory or of	her plece)							wn, State BALTO.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE	LEWIS T. GW				T. C		/17/93 OW]	INGS	MILL	S,MD. CO.
	Lavis J He	veren						FUNERAL F			15-6393
	23. PART I. Entar the diseases, or complicati ahock, or heert fellure. List only	that caused the deat	h. Do n	ot entar	the mod	da of dyl	ng, such	as cerdiac or reap	ratory ar	reat,	ORE, MARYLANI Approximata
		Ordia h DUE TO (OR AS A CONSEQUE O NO HOMY DHE TO (OR AS A CONSEQUE	ny	of	ba	thy	′				Interval Between Onset and Death
z	- 0	ON howy	ENCE OF	ter	М	de	, es	asl			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	ENCE OF):	/						
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQU	ENCE OF):							
ËRT	resulting in death) LAST										
ICAL C	PART II. Other algnificant conditions contribu	uting to death but not rea	ulting i	n the un	derlying	cause g	lven in F			24b.	. WERE AUTOPSY FINDINGS
DIC							_	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED								_			1 TYES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DE	ATH (Che	ck only one)		!	
YSIC	t YES 2 NO t Inpet	lent 2 ER/Outpatient 3 E	DOA	OTHER 4 Num	ing Home		sidence 8	B Other (Specify)			
ВУ РН	1 Netural 5 Pending	DATE OF INJURY (Month, Day, Year)	286. TIME INJU		28c. INJU WOR	RK?	NO	28d. DESCRIBE HOW I	NJURY OC	CURED	
	3 Suicide # Could 280.1	PLACE OF INJURY — At home building, stc. (Specify)	, farm, s	treat, facto	ory, office			281. LOCATION (Street a City or Town, State)	and Numbe	r or Rural F	Route Number,
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	e best of my knowledge, death	оссите	d at the ti	me, date	and place,	and due t	to the ceuse(e) end man	ner aa sta	nted.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the b) and menner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	M				29c. LICE	NSE NUMI	BER 7 6		//	(Month, Day, Year)
5	MAME AND ADDRESS OF PERSON WHO COMPLET	TED CAUSE OF DEATH (ITEM :		Print) G	ar	450	14 2 B	Iva. Bo	alt	Mg	173
011	31. DATE FILED (Month, Day, Year) 32. Ri	EGISTRAR'S SIGNATURE	-	/					d	2/2/	6
8+1	JUN 1 5 1993 Ju	his Deviden fon	delle								

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	- 1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH	WEAR	3. TIME OF DEAT	Ή
RONALD JOSEPH C	LARK JR.			June	13, 199	YEAR	10:45	A
		(in yrs. last birthday)	F UNDER 1 YEAR	7. DATE OF		· · · · · · · · · · · · · · · · · · ·	HPLACE (State or Fo	
			ONTHE DAYS HOURS MIN.	(Month, D	ay, Year)	Coun	try)	reign
18-38-4597	1 🖾 M 2 🗌 F	51 YRS.		9-5-	41		Md.	
. FACILITY NAME (If not institution, give stre	net and number)	9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COL	JNTY OF	DEATH	
F B 50000	n: 1 1 1		0 1 1 1					
E. 5 Box 52209	Birchwood I	Jr.	0akland		G	arre	tt	
a. STATE 10b. COUNTY		Las arms	TOWN OR LOCATION					
a. SIATE		10c. C/11,	IOWN ON LOCATION				10d. INSIDE CITY	
Md.		T T	Baltimore				1 TYES 2 [NO
STREET AND NUMBER			10f, ZIP CODE		10a CI	TIZEN OF	WHAT COUNTRY?	-
4214 Belmar Ave			21206			USA		
. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISP			14. RAC	CE — American Indi	nn,
☐ Never Married 2 ☐XMarried	FORCES? 1 X YES		If yes, specify Cuban, Maxi		in, atc.)			
☐ Widowed 4 ☐ Divorced	11-30-64	ATES	1 TYES 2 XNO Spec	othy:		Spe	ony: White	
		1	1			1		
15. DECEDENT'S EDUCA (Specify only highest grade of	(TION ompleted)	18a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working	18b. KI	ND OF BUSINESS/IN	DUSTRY		
Elamentary/Secondary (0-12)	Collage (1-4 or 5+)	Iffe. Do NOT use	retired.)					
		D . 7 .	G		0554			
10		Balto.	City Police		Office	r		_
FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	NAME (First, Mide	tle, Malden Surname)			
Floyd Clark			Viol	a Chest	or			
n. INFORMANT'S NAME (Type/Print)		10h MAILING A	DDRESS (Street and Number or Rura			in Codel		_
Marie R. Clark		4214 I	Belmar Ave. Ba	Lto. M	d. 21206			
a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	TON (Name of cemetery, crematory of	7	20c. LOCATION -	- City or T	Town, State	
Burlal 2 Cremation 3 Remov	al from State	other place)	0		1			
Donation 5 Other (Specify)		Parkwood			Balto.	, Md	•	
. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS OF I					
→ · / / \ \	-1/2		John C. Mille					
Jean f. h	1-1-1-	7	6415 Belair I	Rd. Bal	to., Md.	212	06	
securiting in death) s. securiting in death) s. sequentially list conditions, any, leading to immediate		A CONSEQUENCE OF):	ncer (c)					
suse. Enter UNDERLYING								
AUSE (Disease or injury hat initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
esulting in desth) LAST								
d.								
APT II Other similiant and distant	anatelli dan da danta							
ART II. Other significant conditions	contributing to death i	but not resulting in	the underlying cause given	In Part I. 24	ia. WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY F AVAILABLE PRIOR	
					TYES 2 DENO		COMPLETION OF	
					120 2		OF DEATH?	
							1 YES 2	NO
WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)				
	HOSPITAL:	10	OTHER:	orrodit orray orray				_
1 TES 2 NO	1 Inpatient 2 ER/Out		☐ Nursing Home 5 Sesidence	a 8 🗆 Other (S	(pecify)			
MANNER OF DEATH	28a. DATE OF INJURY		OF 26c, INJURY AT	26d. DESCR	IBE HOW INJURY O	CCUREO		
1 Natural 8 Pending	(Month, Day, Year)	INJUI	WORK? M 1 YES 2 NO					
2 Accident Investigation								
3 Suicide 8 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str	eet, factory, offica		ON (Street and Numb	er or Rural	Route Number,	
4 Homicide determined	Johnson g, etc. (Spe	,		City or	Town, State)			
OFFICE A								_
Check only	IAN: To the best of my know	wledge, death occurred	at the time, data and place, and d	wa to the cause	(a) and manner as st	ated.		
and .	: On the basia of axaminative	on and/or investigation.	In my opinion, death occured at t	he time, date an	d place, and due to	the cause	(a) and manner as	itate
				.,	,			
b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER	29d. DA	TE SIGNE	D (Month, Day, Year)	
12000	Mr. 0 0-	A	17)	1010	4 1	61	12/4-	7
NAME AND ADDRESS OF PERSON WHO	COMPLETED OFFICE	EATH WYEN AT	1 ' 2	0/1	1	J. L.	317	_
22 SS	PT 135	EATH (ITEM 27) (Type, F	Sinto 6	M	t Lal	re	Purler	1
DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE					5(1)5	>
							4 4	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tiours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

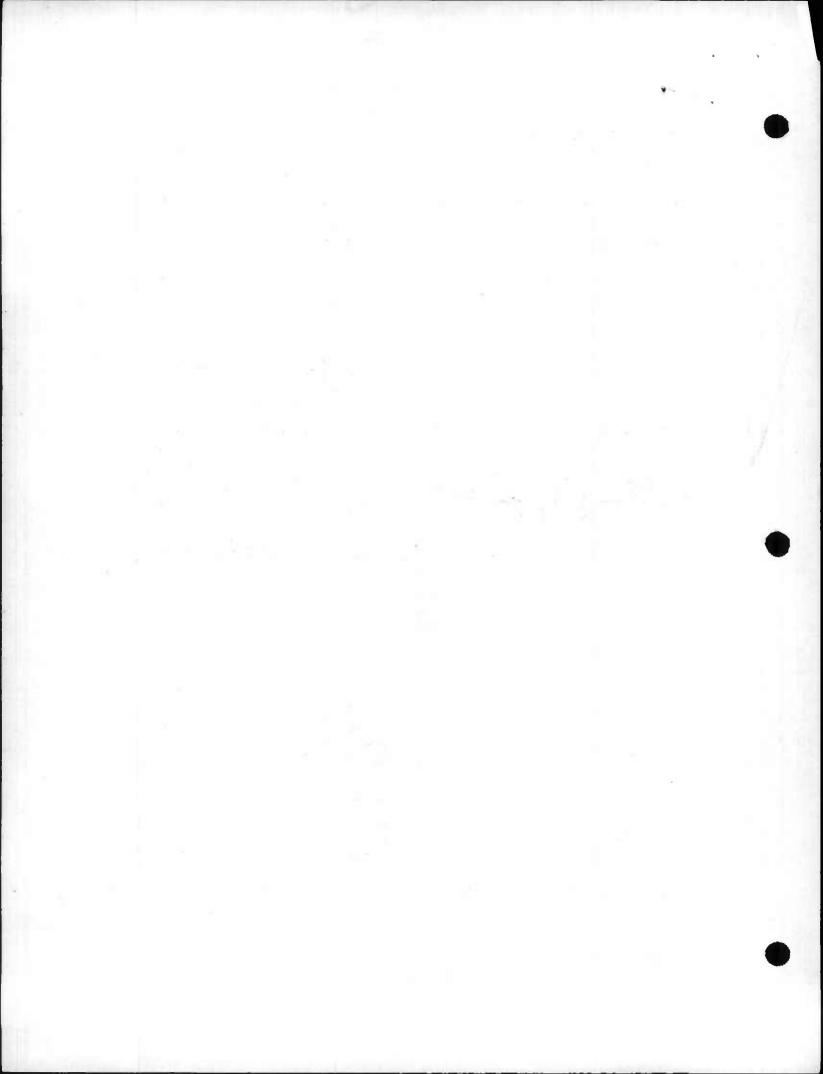
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

10+1

JUN 1 5 1993 Julia Davidson Bandell

DHMH-16 Rev 1/89

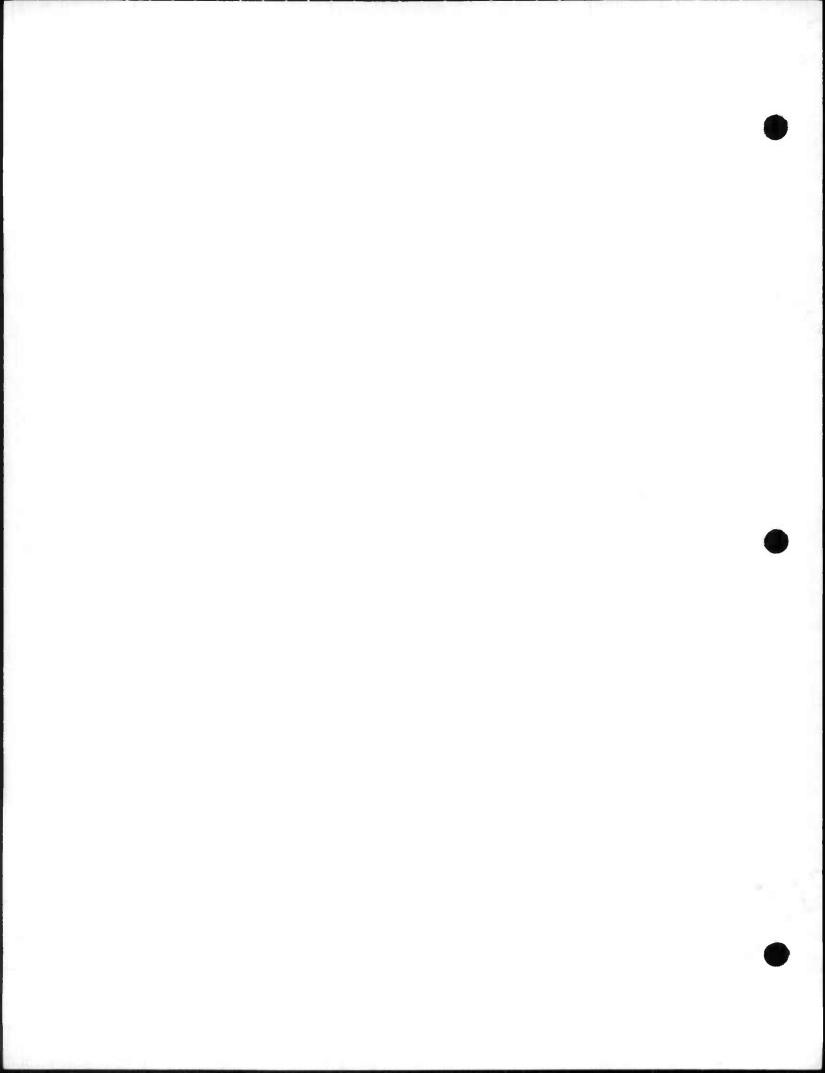


3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH 6/13/93 YEAR G. COLVIN DOBOTHY DOROTHI 1025 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER I YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. JUNE 3, 1 M 2 W F 394-07-2540 1906 MISSOURI the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD COLUMBIA 1 - YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7405 SETTING SUN WAY 21046 U.S.A. rours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced °WY: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOMF notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM HENRY GOODWIN IDA MAY LALAND 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MICHAEL SHANKS (GRANDSON) 7405 SETTING SUN WAY, COLUMBIA, MARYLAND 21046 Pe 20a, METHOD OF DISPOSITION

1 W Jurial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must WESTVIEW" CEMETERY 6/17/93 ATLANTA, GEORGIA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERLA HOMES Russelle do 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 medical filled in by ti 23. PART I. Enter the diseases, or complications that edused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, the disease or condition MATAN resulting in death) executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, ARTERIOSCIEROTIC HEART DUSEASE traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE DF): signed by the attending physician are Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be other t CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS POST OPERATING CHOIS CYSTECTOM PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 ND ir this certificate has been sight with the State Dept. of He larked, or Rem 23 show 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death w BY 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 100 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL WITHIN 72 P IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) 296. SIGNATURE AND TITLE OF CERTIFIER De lind H rank Gens MD 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RANK 6K055 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1993 5 DHMH-16 Rev 1/89



use as the burial-transit permit. Pages 1, 2, 3 should

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detached

n by the funeral director, page 5 should be removal.

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RECORDS, P.O. BOX 68760,	executed
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O. B	ath certificate
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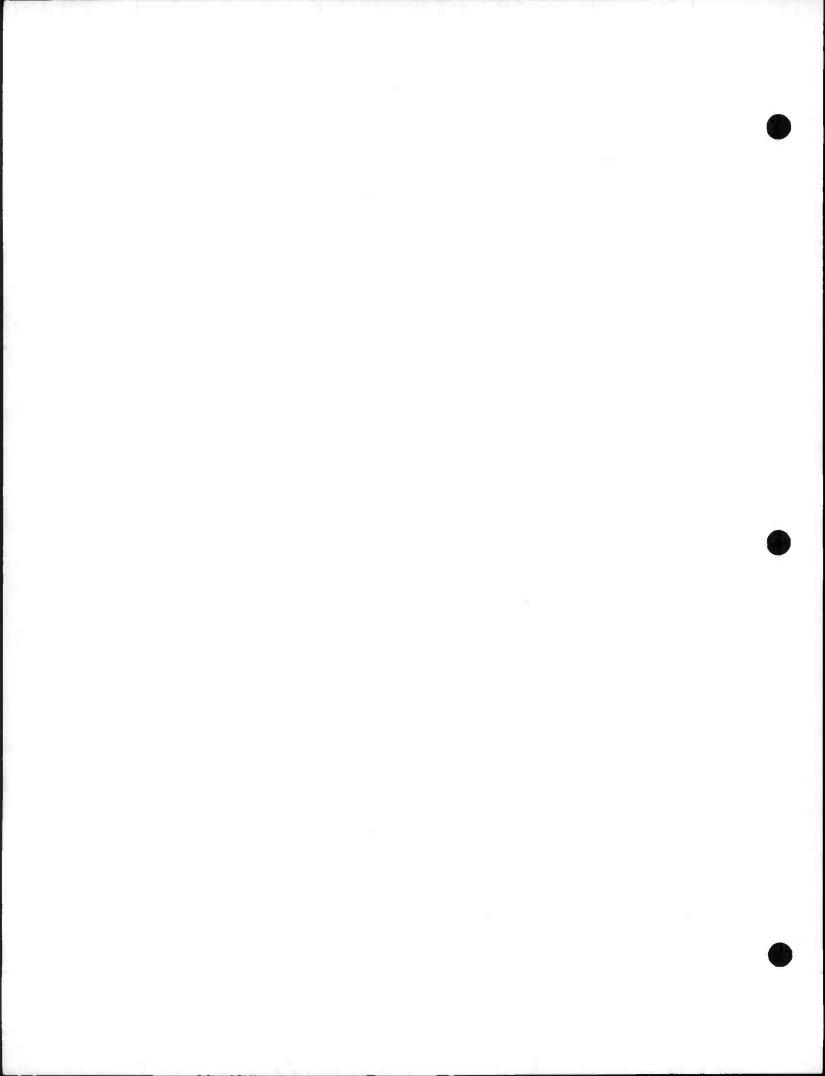
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Se 3. TIME OF DEATH 7= 25AM 0 05 EPH 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 08704/14 212-16-9728 1 2 M 2 D F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL CORPORATION FUNERAL DIRECTOR BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BaITIHORE Md 1 VES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3240 6. LOH bard U,S.A. 21224 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high condary (0-12) ege (1-4 or 5+) carpente Carpenter Retired 17. FATHER'S NAME (First, Middle, Last) aLUINO notified at 00 BE NCES Ca 19a. INFORMANT'S, NAME (Type/Print) 19b. MAILING ADDRESS (Street and No. 2 Leo oursa 3240 on bard 10 20s. METHOD OF DISPOSITION be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Ren

4 Donation 5 Other (Specify) Ba examiner 21. SIGNATURE OF FUNERAL SERVICE AJCENSEE 22. NAME AND ADDRESS OF FACILITY. 1 26.3 S. CONIC 1263 larea Jannes ON KC medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or registratory arrest, filled in by to Approximata shock, or heart failure. List only Dna cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath and completely filled to burial, cremation, (the disease or condition_ NEUMONI Ar resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) been signed by the attending physician are or Health and Mental Hygiene prior to 1 If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events **OUE TO (OR AS A CONSEQUENCE OF):** resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINGINGS AMILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO 152 may 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 NO 1 Inpatient 2 I ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 5 Pending Investige 1 Natural 1 YES 2 NO BY 2 Accident
3 Suicide TO THE HOSPITAL OR ATTENDAR TO THE FUNERAL DIRECTOR AT be filed within 72 hours after de IMPORTANT: If them 28 is 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) ETED # 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER (Check only one)

29 MENICAL EXAMINER. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month bizemi 93 6 22 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ATAOLLAH NAZEMI, BALTIMORE, MARYLAND MD 100 N. BROADWAY 21231 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 5 1993

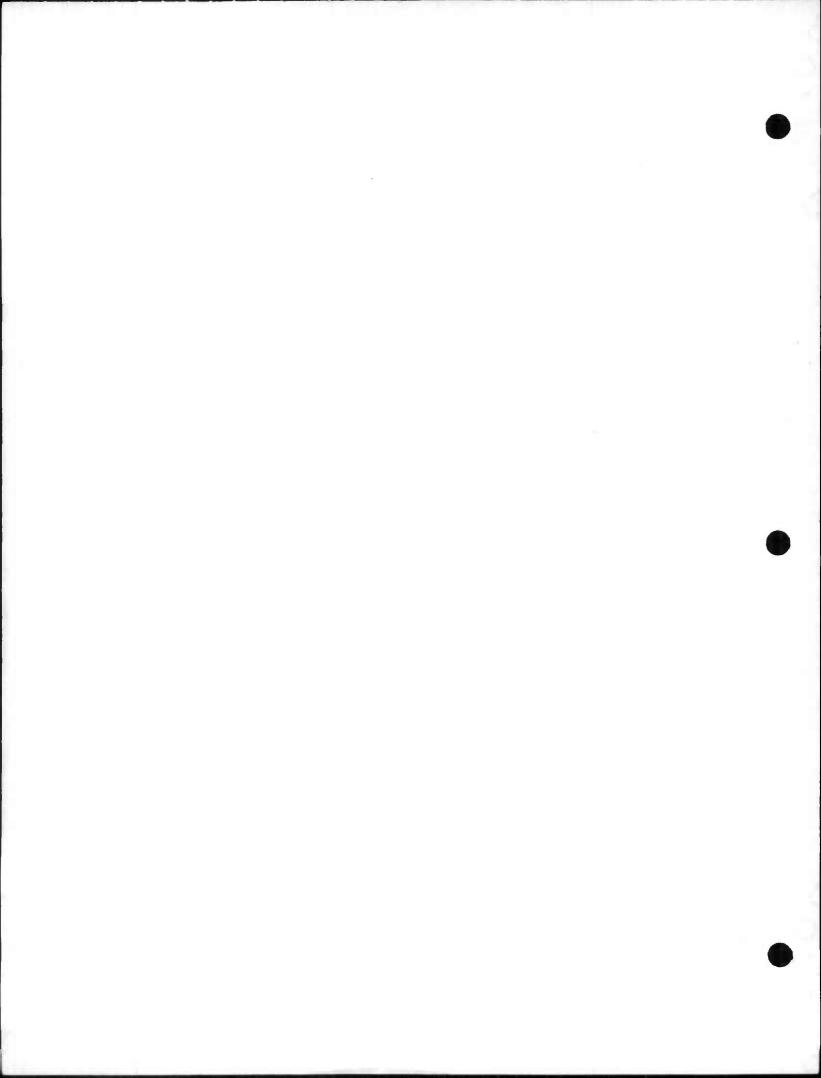


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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un its house that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	(T: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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	OINIE OF IT	C	ERTIF	CATE OF	EALTH AND		REG. NO.	E	J	1/246
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
HURLAN		D.	AVIS			б	9		993	12:52 F
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	Ť	8. BIRTH	PLACE (State or Foreign
579-28-7035	1 X M 2 □ F	67	YRS.	MONTHS DAYS	HOURS MIN.	3/15	7192	5	ARKA	NSAS
9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	TY OF DE	ATH
11 WEST TWI	ENTITH S	STREET	#2M	BA	LTIMORE	CITY	7			
10a. STATE 10b. COUNTY	4		10c. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND			BAL	TIMORE						1 X YES 2 NO
10e. STREET AND NUMBER				10	. ZIP CODE		11	10g. CITIZ	EN OF W	HAT COUNTRY?
11 WEST TWENTITE				2	1218			USA		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AR	RMED	13. WAS DEC	ENDENT OF HISP/ ecify Cuban, Mexic	ANIC ORIGIN?	Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 NO Spec		, 010.7		Specif	y:
15. DECEDENT'S EDUC	CATION	ten DE	CEDENTIA	IOUAL COCUPANI		I as a			BLA	CK
(Specify only highest grade	completed)	(G	ive kind of w	JSUAL OCCUPATION done during mo	st of working	16b. K	ND OF BUS	INESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	,		,						
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (Steel 15)	de part	0		
HERBERT DAVIS										
19a. INFORMANT'S NAME (Type/Print)		10	- MAH ING	ADDRESS (Om-	ANNIE					
HURLAN DAVIS JR	i —	191			and Number or Rura					
20a. METHOD OF DISPOSITION	•						_			ND 21219
1 DyBurial 2 Cremation 3 Rame	oval from Stata	cametery, cre	matory or ot	F DISPOSITION (Na nar place)	ma of	DATE	20c. LO	CATION — C	Ity or Tov	rn, State
4 Donation 5 Other (Specify)	ENSES C	AKBUI	LUS M.	EMORIAL	PARK 6/	15/93	ARBU	TUS,	MAR	YLAND
* Hard	MZ	4	>	ESTE	BROTHE EUTAW P	RS FUN				
23. PART i. Enter the diseases or a shock, or heart fellure.	complications that	Caused the de	ath. Do n	d enter the mo	de of dving au	ch as cardle	DALLI	MUKE	, MD	Approximate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b	(OR AS A CONSEC	QUENCE OF): 	dious	Cular	- (0)	See	16	
	1.									
	a contributing to	deeth but not r	esulting in	the underlyin	g ceuse given in	Pert I. 24	a. WAS AN		100	WERE AUTOPSY FINDS AWAILABLE PRIOR TO
PART II. Other significent condition							PERFORI	□ NO	2	COMPLETION DF CAUS OF DEATH? YES 2 \(\sum \) NO
PART II. Other significent condition				98 PM	ACE OF DEATH O			□ NO	2	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/O-4		OTHER:	ACE OF DEATH (C	heck only one)	XXES 2	□ NO	2	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL	1 Inpatient 2 I		□ DOA	OTHER: 4 - Nursing Hom	e 5 Residence	heck only one) 8 Other (S	pecify)] '	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH Natural 5 Pending		INJURY		OTHER: 4 Nursing Horr OF 28c. INJ	e 5 TyResidence URY AT RK?	heck only one)	pecify)] '	OF DEATH?
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29e. CETTIFIER Check apt Orie) 2 MEDICAL EXAMINE	1 Impetient 2 Sea. DATE OF (Month, De 26e. PLACE OF building, 4	INJURY ny, Year) F INJURY — At horetc. (Specify) my knowledge, de- amination and/or i	28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c, INJ RY 1 reet, factory, offic d at the time, data , in my opinion, d	e 5 TResidence URY AT RK? (ES 2 NO e and place, and duesth occured at the	8 Other (S 28d. DESCR 28f. LOCATI City or i	pecify) IBE HOW IN ON (Street as	JURY OCC	URED or Rural Ro d. cause(a)	OF DEATH? YES 2 NO oute Number, and manner as state-
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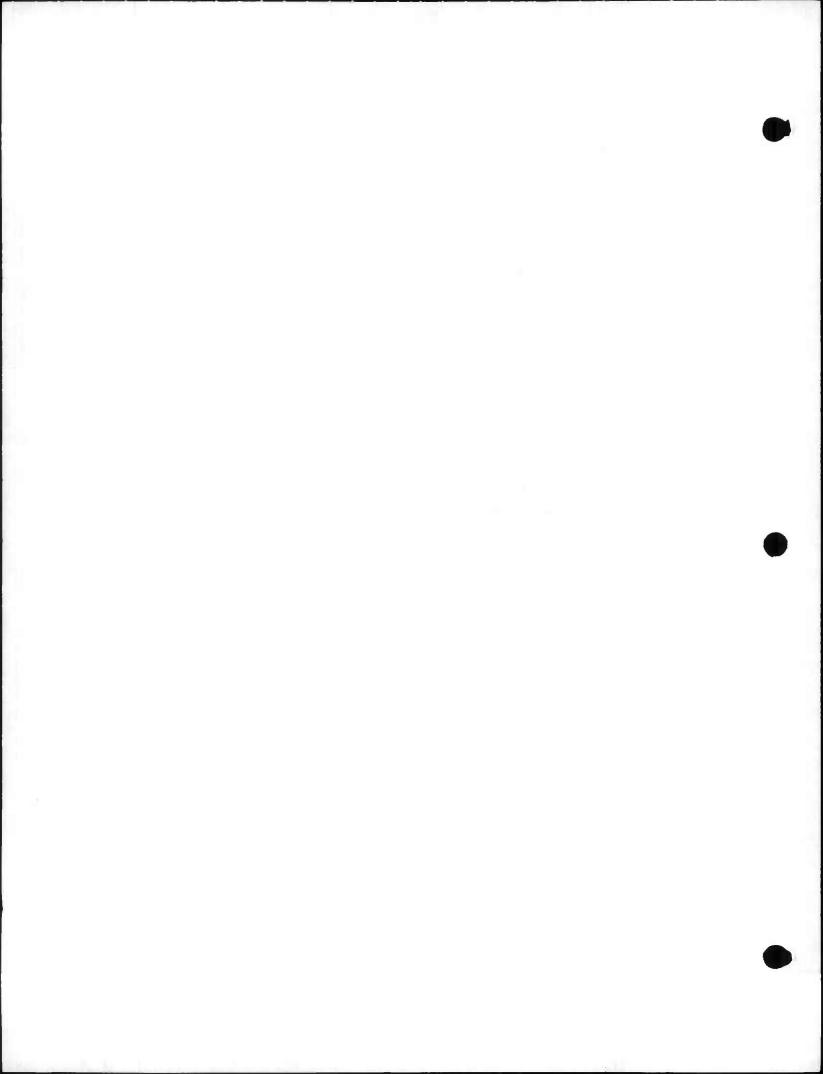


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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, oval.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ	

	ECEDENT'S NAME (First, Middle, Las	st)						2 DAT	E OF DEATH			3. TIME OF DEATH	
1	MARGARET	ANN	EI	NSTE	IN			MON	5-9-93	W.	YEAR	7:10A	
4. 30	OCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	1 YEAR IF UN	DER 24 HRS.	7. DATI	E OF BIRTH hth, Day, Year) 12-191	7	Country	PLACE (State or Foreign	
Sa. I	FACILITY NAME (If not institution, giv	street and number)			9b. CITY.	TOWN OR LOC	ATION OF D		12-191		TY OF DE	yland	
	110 W. Univ	ersity I	2F Parkway Baltimore						na			2111	
	STATE 10b. COU			_	V TOWN O	R LOCATION							
М	aryland			1.000	imore				10d. INSIDE CITY LIMITS?				
	STREET AND NUMBER	na		т -	buz c.	101. ZIP C	DOE			10g, CITIZ		1 YES 2 NO	
	110 W. Univ	ersity F	arkway	y F	2		21210	0			USA		
1 🗆	MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		- 11	MAS DECENDEN 1 yes, specify Ci YES 2 1	iban, Mexic	en, Puerto	IN? (Specify Yes Rican, etc.)	or No-	Black,	14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S El (Specify only highest gra	DUCATION Ide completed	16a. D	ECEDENT'S	USUAL OC	CUPATION Juring most of wo	ddan	16	b. KIND OF BUS	SINESS/IND			
E	Elementary/Secondary (0-12) 1 2	College (1-4 or 5		fe. Do NOT us	ecret	THE STATE OF	nung		Johns	Нор	Univers		
	ATHER'S NAME (First, Middle, Last)					18. M	OTHER'S NA	AME (First,	Middle, Maiden	Sumame)			
	Henry Fetso	h					Julia						
	Pamela Kos	+ m =							mber, City or Town			240	
20a.	METHOD OF DISPOSITION Burlel 2 Cremetton 3 Re Donation 5 Other (Specify)		20b. PLACE		OF DISPOSI	TOSSKE	eys#	14 TC),Balt	CATION —			
	BORATURE OF FUNERAL SERVICE	1000 al	d Wade	e,Din					State St, Bal				
	shock, or heart failur MEDIATE CAUSE (Final	and only one out							rdiac or respi			Internal Detroit	
	esse or condition uiting in death)	a. META	OR AS A CONSI	- CG	lov	CAR	CINO	мА				Interval Between Onset and Deat	
Seq If sr cau: CAU		DUE TO b DUE TO c	OR AS A CONSI	EQUENCE O	F):	CAR	CINO	MA				Onset and Deat	
Seq if sr cau: CAU that	quentially list conditions, ny, leading to immediate use. Enter UNDERLYING USE (Disease or injury t initiated events	b	(OR AS A CONSI	EQUENCE O	ค): ค):				24s. WAS AN PERFOR	AUTOPSY MED?	24b.	Onset and Deat	
Seq CAU that resu	quentially list conditions, ny, leading to immediate ise. Enter UNDERLYING USE (Disease or injury t initiated events uiting in death) LAST	b	(OR AS A CONSI	EQUENCE O	F): F): In the und	derlying caus 26. PLACE OI	e given in	Part I.	24s, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Onset and Deat () Mo S WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Seq if ser cause CAU that the cause PAR	uiting in death) quentially list conditions, ny, leading to immediate use. Enter UNDERLYING USE (Disease or injury t initiated events uiting in death) LAST AT ii. Other significant conditions was case referred to medical. EXAMINER? 1 YES 2 NO	DUE TO c DUE TO d HOSPITAL: 1 □ inpetient 2 □	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not	EQUENCE O	F): F): OTHER 4 \(\text{Nurse} \)	derlying caus 26. PLACE OI 1: ling Home 5,42	e given in	Part I.	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Onset and Deat () Mo S WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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Seq if sr caurithat rest. PAR 25. W 1 27. M	quentially list conditions, ny, leading to immediate ise. Enter UNDERLYING USE (Disease or injury t initiated events uiting in death) LAST AT II. Other significant conditions are represented to medical examiner? 1 Yes 2 No MANNER OF DEATH Natural 5 Pending	DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 inpetient 2 28e. DATE OF (Month, D) 28e. PLACE OF (Month, D)	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not	EQUENCE O EQUENCE O resulting 3 □ DOA □	OTHER 4 Num EOF	26. PLACE OI 1: Ing Home 5,2 28c. INJURY AT WORK? 1 YES 2	e given in F DEATH (C) Residence	Part I.	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MEO? Who	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY	
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10 THE FLICTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within a first death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT IT ITEM 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. TO THE FUNCTIAL De Ried WITHIN

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31. DATE FILED (Month, Dey, Year)
JUN 1 5 1993

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HITARY DOTT, M.D. 3400 Brehms Lane

12. REGISTRAR'S SIGNATURE

32. REGISTRAR'S SIGNATURE

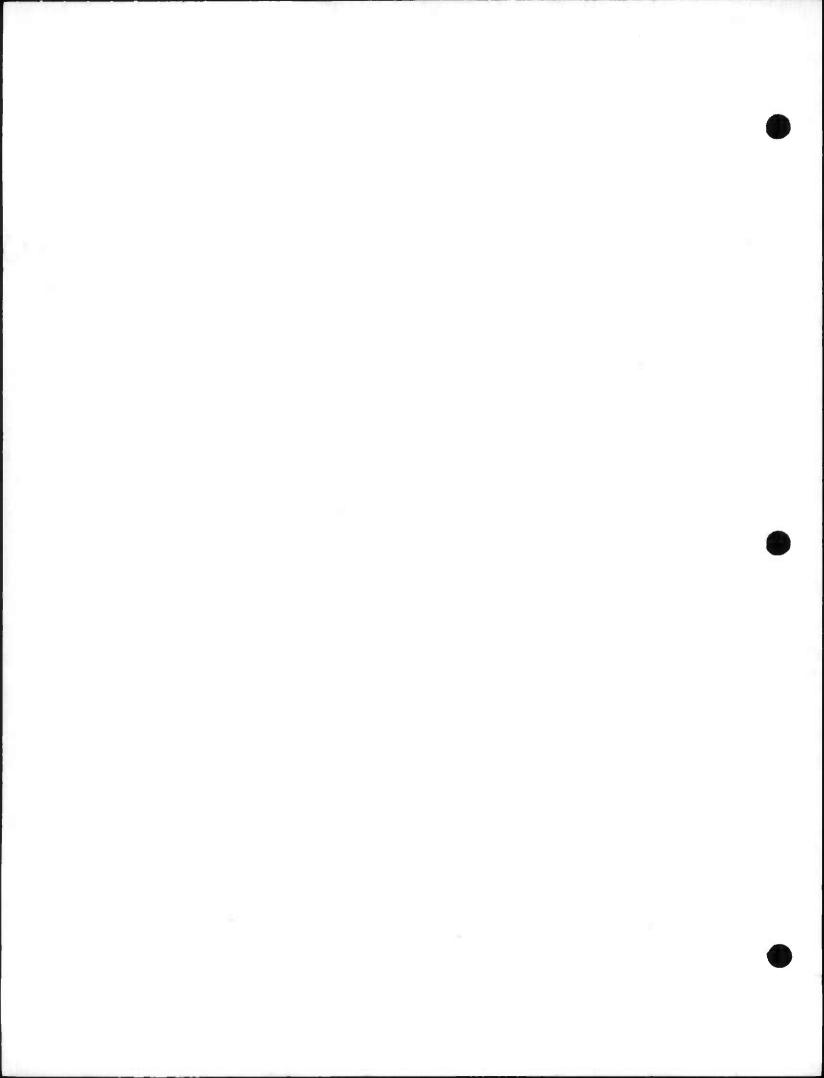
	FOR	STATE OF N	ADVI AND	DEDAI	TMENT OF	MEALTH	AMD	BACNTAI	HVOLEN		93	17248	
	1 - STATE REGISTRAR	SIAIL OF I	C	ERTIF	ICATE C	F DEA	TH	MENIAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2, DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
1	Christopher		Furni	ere				June		3	1993	4:30 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last			IF UNDER 1 YEA		R 24 HRS.	7. DATE (DE BIRTH			IPLACE (State or Foreign	
	218-07-2594	1 🔀 M 2 🗌 F	74	YRS.	MONTHS DAY	8 HOURS	MIN.	09,	/10/19	18		myland	
~	9a. FACILITY NAME (If not institution, give str				9b. CITY, TOW	N OR LOCATI	ON OF D	EATH		9c, CO	UNTY OF D		
5	3828 Evergreen	Avenue		_	Ва	ltimo	re						
DIRECTOR	10a. STATE 10b. COUNTY			10c CI	Y, TOWN OR LO	CATION							
E	Maryland			100.01								10d. INSIDE CITY LIMITS?	
4	10e. STREET AND NUMBER				Dall	imore	F			10- 01	TIZEN OF V	1 X YES 2 NO	
FUNERAL	3828 Evergreen	Λνοριιο					206						
N	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF	MED	12 WAS	ECENDENT (NIC OBION	2 /P 16 - M-		1	States	
F	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO	If yes,	specify Cubi	in, Mexica	en, Puerto R	r (Specify te lican, etc.)	s or No-	Black	E — American Indian, c, White, etc.	
BY	3 Widowed 4 Divorced	WWII	AN ON DAIES	1 TES 2 NO Specify							Speci	Specify: White	
ED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DE	CEDENT'S	USUAL OCCUP	TION		16b.	KIND OF BU	SINESS/IN	IDUSTRY	1111111	
E	Elementary/Secondary (0-12)	College (1-4 or 5+) Iffe	. Do NOT u	work done during se retired.)	most of world	ng						
MP	8	-8	Md.	Arm	y Natio	nal G	uard						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					_			liddle, Malden	Sumame)			
BE (<u>Michael Furni</u>	ere					Ann	a Gad	liano)			
2	Michael Furnière Anna Gagliano 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
F	Mrs. Rose C. Furniere 3828 Evergreen Avenue Baltimore, Md. 21206												
	20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify) Timonium, Maryland												
	21, SIGNATURE OF FUNERAL SERVICE LICE	Mar Mar	k T. Za		22. NAME	AND ADDRE	SS OF FA	CILITY					
	Mark T.	Laure	N 1. Zu	voyii		nard	J. R	Ruck,	Inc.			4044	
	23. PART I. Enter the diseases, or co	omplications that	caused the da	ath. Do i	ot anter tha	5 Har	TOTO	L RO.	Balt)	more		Approximata	
	anock, or naart failure. L	ist only Dna caus	se on aach lina).					шо от тоор	matory a	rout,	Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	Dal	1.1.	. 4	1							Onset and Death	
	resulting in death)	DUE TO	OR AS A CONSE	DUENCE	N M/0	4	_						
_	_						0						
CERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A COUSE	DUENCE O	D: Cl	1 Seas	X						
X	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE O	F):								
F	resulting in death) LAST												
· . I	PART II Other elgolficest conditions												
₹ I	PART II. Other aignificant conditions	contributing to	death but not r	eeuiting	in the underly	ing ceuse of	given in	Pert I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă				-					1 YES 2	□ NO		OF DEATH?	
Σ								_				1 TYES 2 NO	
NA I													
PHYSICIAN: MEDICAL		HOSPITAL:			OTHER:	PLACE OF D	EATN (Ch	eck only one)				
ΥS		1 Inpetient 2 I			4 - Nursing H		sidenca	6 🗆 Other	(Specify)				
	27. MANNER OF DEATH Natural 5 Pending	26a. DATE OF I (Month, Da		26b. TIM	URY	NJURY AT WORK?	,	28d. DE\$6	CRIBE HOW I	NJURY OC	CURED		
B	2 Accident Investigation						NO						
8	3 Suicide 6 Could not be 4 Nomicide determined	260. PLACE OF building, o	INJURY — Al ho etc. (Specify)	me, ferm, :	treel, factory, o	fice			TION (Street a Town, State)		or or Rural A	loute Number,	
ET	an organiza												
COMPLETED	(Check only one)	AN: To the best of r	my knowledge, de	ath occurr	d at the time, d	nta and place,	, and due	lo lhe caus	e(s) and mar	ner sa sta	ited.		
Ö	2 MEDICAL EXAMINER	On the beals of axi	amination and/or i	nvestigatio	n, in my opinior	, death occur	red at the	lime, date i	ind place, an	d dua to t	he cause(s	and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1α Λ	0			29c. LICE	NSE NUR	WBER		29d. DA	TE SIGNED	(Month, Day, Year)	
MM I	Carla intel laser	AL III VM	V 3			1 .	FT	_		h /	1		

Baltimore, Md.

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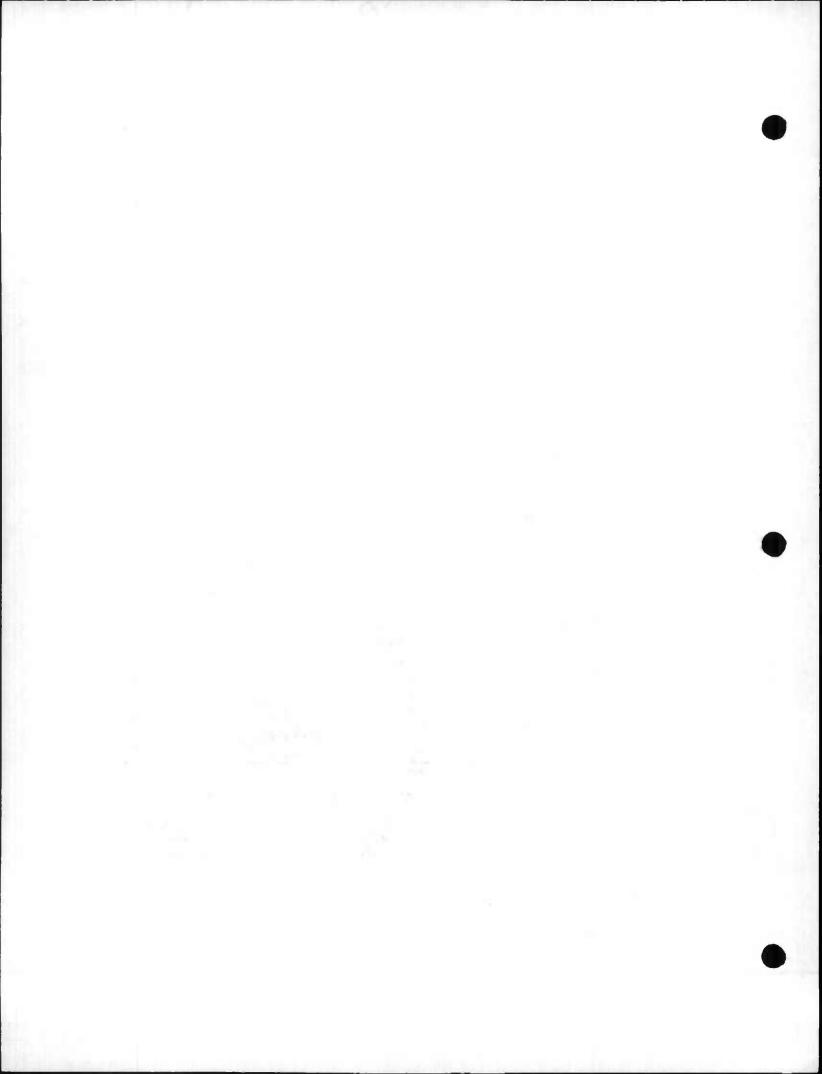


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	or attendir	use as t		
	ne hospital	letached for		nce.
	ained by th	should be d		iffled at o
	may be ret	or, page 5		ist be no
	h. Page 6	eral directo		niner mu
	s after deat	by the fun	removal.	dical exa
	nin 24 hour	tely filled in	nation, or	t, the me
	ecuted with	nd complet	burial, crer	atic even
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	death certif	attending	ental Hygier	ry, or oth
	s that the	ined by the	alth and Me	any inju
	law require	as been sig	Jept. of He.	23 show
	SCIAM: The	optificate h	Ahe State	or Item
	DINCPHYS	Affections	death with	marked
4	TO THE HOSPITAL OR ATTRACTION TO BE LAW FIGURES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR Annual of the activities has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours are common to the Same Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	HOSPITAL	FUNERAL I	within 72 h	TANTE IF
	TO THE	THE I	be filed	IMPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
100	GEORGE DEG					06 1.	1 1993		
	215-24-4105 9e. FACILITY NAME (If not institution, give str	1 🔀 M 2 🗆 F	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/17/1905	5 M	THPLACE (State or Foreign anyland	
DIRECTOR	Greater Baltimore		OR LOCATION OF D	EATH	ore County				
REC	10a. STATE 10b. CDUNTY		10c. CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY	
AL DI	Maryland Balt 104. STREET AND NUMBER	timore		Ruxton	. ZIP CODE		1 ☐ YES 2 💢 NO		
FUNERAL	1202 Malvern Aver	nue		21204		Unite	d States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAY	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, stc.)	Bi	CE — American Indian, ack, White, etc. ecity: White	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S ((Give kind of w	USUAL OCCUPATION ork done during months retired.)	ON st of working	16b. KINO OF BU	SINESS/INDUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+				A = = la = :	la Davida	0 -1	
OM	17. FATHER'S NAME (First, Middle, Last)	JT	PTU	orietor	18. MOTHER'S NA	ASDITA.		g Contractor	
BE C	George Fox				Alio			40.00	
TO B	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Tow	4		
-	Mr. George Fox		120	02 Malve	rn Aveni	ue Ruxtor	n, Md.	21204	
Ď,	20a. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata 20b.	PLACE AND DATE O	F DISPOSITION (Na	me of	.6/13/93	CATION — City or	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Mark T 7	<u>rk Unite</u> Zavovna	22. NAME AN	ID ADDRESS OF F	KCILITY	Fork,	Maryland	
	Mark T.	Lawyou		5305	Harford	Ruck, Inc.	altimore	, 21214	
CERTIFICATION	23. PART i. Enter the diseases, or co shock, or heart failure. L iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	Rortie s	CONSEQUENCE OF): :	de of dying, suc	n as cardiac or resp	restory arrest,	Approximata Interval Between Onset and Death ZOyya,	
AL CERT	PART II, Other significant conditions	contributing to death bu	it not resulting in	the underlying	j ceuse given in	Part i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDIC	anemia					1 TYES	-	COMPLETION OF CAUSE OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL	lale							
PHYSICIAN:	EXAMINER?	HOSPITAL		OTHER:	ACE OF DEATH (C)	THE RESERVE			
H	27. MANNESI OF DEATH	28s. DATE OF INJURY	26b, TIME	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUREO		
ВУ Р	1 Featurel 5 Pending Investigation	(Month, Day, Year)	INJU	M I D	RK7 ES 2 NO				
	3 Suicide 6 Could not be determined	28s. PLACE OF INJUSY - building, etc. (Specif	At home, farm, at	rest, factory, office		28t. LOCATION (Street City or Town, State)	end Number or Rura	I Route Number,	
COMPLETED		IAN: To the best of my knowle : On the besis of examination						o(a) and manner as stated.	
BE C	296. SIGNATURE AND TULE OF CERTIFIER	Tu . A			29c. LICENSE NU	MBER	29d, DATE SIGNI	ED (Month, Day, Year)	
TO B	11	MD			D188	22	►6/4/	93	
	30. NAME AND ADDRESS OF PERSON WHO	AT 2149			Parketi	n, Md 21	120		
8	31. DATE FILED (Month, Day, Year) JUN 1 5 1993 Ju	32. REGISTRAR'S SIGNA							



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NAME OF THE PERSON NAME OF THE P	: Afte	dea	1
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E MOSPILAL UN ALL INDIVIDIONNO, THE INTERIOR DESCRIPTION OF STREET OF STREET STREETS STREET US ALL DESCRIPTION OF STREET OF STREET, TOBOT OF STREE	E FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	72 h	20 20
3	JNEF	uhin	A A Property
T	EF	M P	-

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es 1, 2, 3 should

93 17250 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN NUC 8 SIDNE FRIEDMAN 2:12 AM 1993 6. AGE (In yrs. lest birthday) 4 SOCIAL SECURITY NUMBER 4 SEY 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE /State or Formion h, Dav. MD. 216-09-1596 DAYS HOURS MIN. 1 XM 2 | F VAS -15-1912 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c COUNTY OF DEATH LEVINDALE HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10b. COUNTY MD. BALTIMORE 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 3905 SEVEN MILE LANE, APT. E-3 21208 USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 XYES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Ric 1 YES 2 XNO Specify: 1 Never Married 2 Merried Specify. BY 3 Wildowed 4 Divorced FORCE WHITE G 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. during most of working COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) 12 LETTER CARRIER U.S. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES FRIEDMAN RICA COHEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21208 2 MRS JOSEPHINE FRIEDMAN 3905 SEVEN MILE LANE, APT. E-3 BALTIMORE, MD OATE 20c. LOCATION — City or Town, State 28a. METNOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name 1 ∑ Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 6 ☐ Other (Specify) _ OHEB SHALOM MEMORIAL PARK 6-10+93 REISTERSTOWN, MD 21. SGNATURE OF FUNERAL SERVICE HICENSEE 22. NAME AND ADDRESS OF FACILITY 21215 SOL LEVINSON & BROS., INC. C 6010 REISTERSTOWN RD. BALTIMORE, MD the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, 23 PART I. Ente Approximate heert failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Anni disease or condition resulting in death) wins DUE TO (OR AS A CONSEQUENCE OF): evely CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSFITAL:
1 Pinpatient 2 PR/Outpatient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO ng Home 6 Residence 6 Other (Specify) 4 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 26b. TIME OF 1. Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Montp.-Day, Year) 29c. LICENSE NUMBER BE

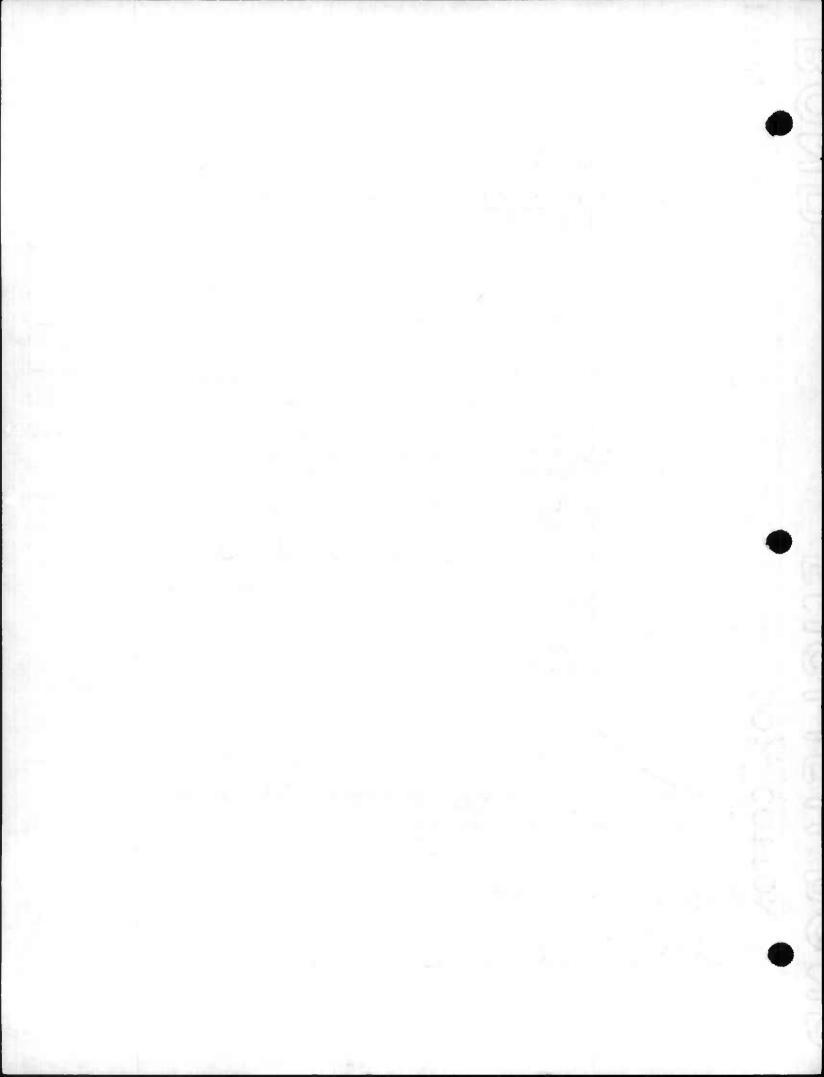
NAME AND ADDRESS OF PERSON HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5310 31. DATE FILED (Month, Day, Year)

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1993

DHMH-16 Rev 1/89

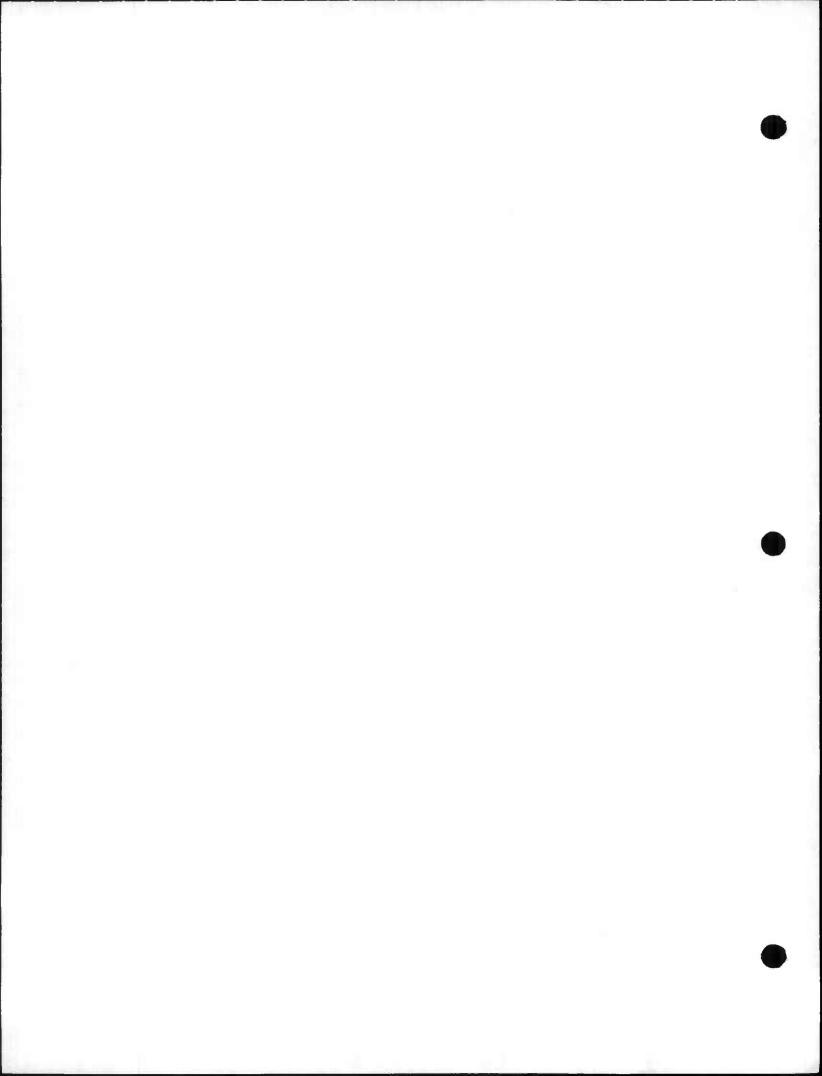


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	4 DECEDENTIO MARKE (C)-A ANGLE- 1						REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	HELLON B.	EEAGINS	-111	C	2. DATE OF MONTH	DAY	3. TIME OF GEATH			
	4. SOCIAL SECURITY NUMBER	0.0	GE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF		93 11:00 F			
	217-34-5752	1 🗆 M 2 💢 🗲	71 YRS.	MONTHS DAY		(Month, De	3- 3/21	B. BIRTNPLACE (State or Foreit Country) ALABAMA			
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF											
CTOR	5832 MORNINGBIRD LANE COLUMBIA HOWARD										
ш	10a. STATE 10b. COUR		CATION			10d, INSIDE CITY					
DIA.		HOWARD		COLUM	1BIA			1 TYES 2 X NO			
IERAL	10e. STREET SE NUMBER 5832	2 MORNINGBIRD	LANE	1	107. ZIP CODE 2104	45		S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes,	DECENOENT OF NISPA apocity Cuban, Mexic (ES 2 NO Spec	an, Puerto Rica	Specify Yes or No— 1- n, etc.)	4. RACE — American Indian, Black, White, etc. Specify: BLACK			
ED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ade completed	16a. DECEDENT'S	USUAL OCCUPY	ATION	16b. KII	ND OF BUSINESS/INDUS				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)		1	TIMORE CI				
	17. FATHER'S NAME (First, Middle, Lest)	5+	LIDKA	RIAN/TI			HOOL SYSTE	M			
E C	ROBERT BUC	CKINGHAM			HEL		lle, Malden Surname) SKI	LLMAN			
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Sire	et and Number or Rural	Route Number, (City or Town, State, Zip C	ode)			
E OT	DEBORAH E. F					ASTERVI	ILLE, PA.	19053			
	20a. METHOD OF DISPOSITION 1 Burlai 2 12 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 6 / 78/93 CATONSV)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY LEROY M. AND RUSSELL C. WITZKE FUNER 1630 EDMONDSON AVE. BALTO. MD. 2122										
- 1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each-line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEDUENCE OF):										
	IMMEDIATE CAUSE (Final disease or condition	Copor	um eacti-fine.	MIT				Approximate interval Bette Onset and D			
TIFICATION	IMMEDIATE CAUSE (Final disease or condition	B	um eacti-fine.	M27				interval Bety			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR A) C. DUE TO (OR A) d. d.	S A CONSEDUENCE OF	172 F):	2029	OSE		interval Bety			
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR A) C. DUE TO (OR A) d. d.	S A CONSEDUENCE OF	172 F):	2029	O)S (interval Bety			
MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	B. DUE TO (OR A) c. DUE TO (OR A) d	S A CONSEDUENCE OF	M2 F): F): In the underly	2029	O)S C	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the conditions of the cause of the ca	B. DUE TO (OR A) C. DUE TO (OR A) d. d.	S A CONSEDUENCE OF	APEF; F): In the underly OTHER:	PDZY	OJS C	a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the condition of the condition of the cause of the condition of the cause of the	B	S A CONSEDUENCE OF	PF: FF: 28. OTHER: 4 Nursing H E OF 28c. URY	ring cause given in	O)S &	a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o	B. DUE TO (OR A. DUE TO (OR A. DUE TO (OR A. DUE TO (OR A. d. Iona contributing to death I Inpatient 2 ER/O 28a, DATE OF INJUR (Month, Day, Yea	S A CONSEDUENCE OF	F): F): 26. OTHER: 4 Nursing H E OF 28c. URY 1	PLACE OF DEATH (Come 5 Residence INJURY AT WORK?	Part i. 24d 1 Part i. 24d 1 (School one) Carroll of C	a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o	B. DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: d. HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yee 25e. PLACE OF INJUR 25e. PLACE OF INJUR	S A CONSEDUENCE OF S A CONSEDUEN	F): F): 26. OTHER: 4 Nursing H E OF 28c. PURY M 1 elevent factory, or	PLACE OF DEATH (C. Ione 5 Residence INJURY AT WORK? YES 2 NO	Part i. 24d 1 (Section of the Country of Received to the cause(e)	a. WAS AN AUTOPSY PERFORMED? YES 2 NO Decify) BE HOW INJURY OCCU ON (Street and Number or own, State)	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o	B. DUE TO (OR A: DUE	S A CONSEDUENCE OF S A CONSEDUEN	F): F): 26. OTHER: 4 Nursing H E OF 28c. PURY M 1 elevent factory, or	PLACE OF DEATH (C. Ione 5 Residence INJURY AT WORK? YES 2 NO	DISC Part i. 244 1 (beck only one) 6 Other (Sc 28d. DESCRII 28f. LOCATIC City or R e to the cause(se time, date and	a. WAS AN AUTOPSY PERFORMED? YES 2 NO OPECIFY) BE HOW INJURY OCCU ON (Street and Number or own, State) a) and manner as stated of place, and due to the of	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

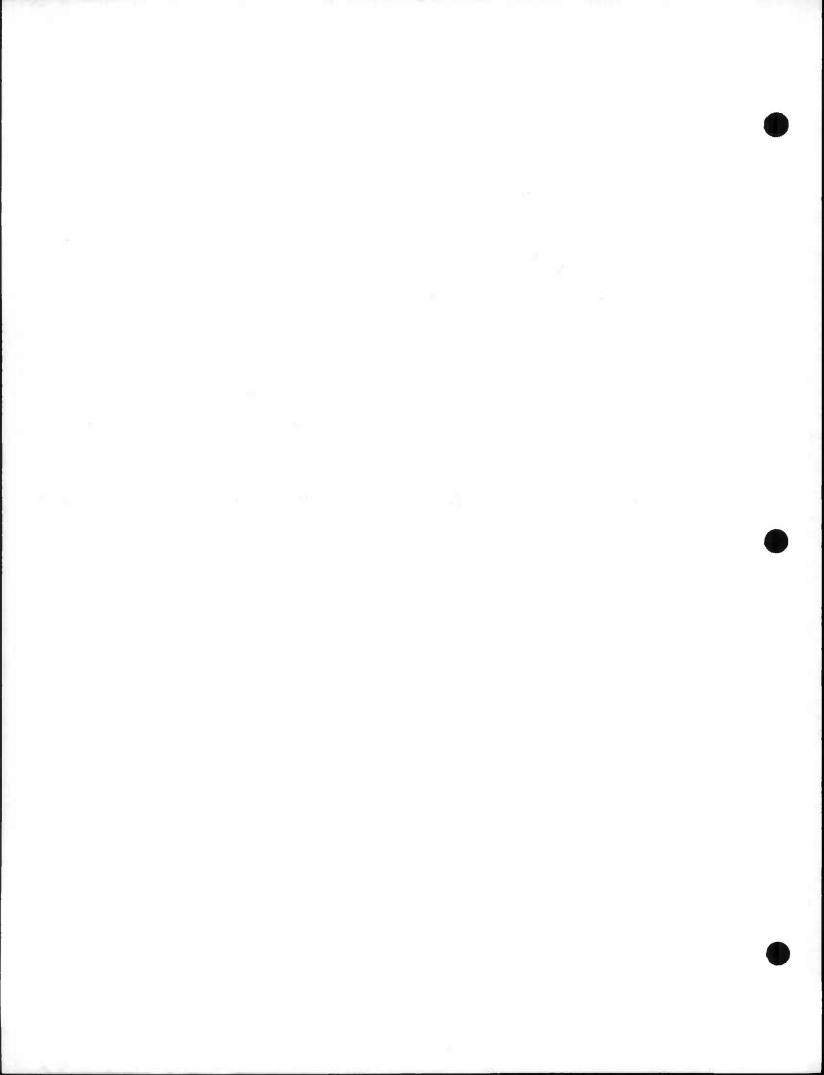
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR C	arrie	A. Frank	MARYLAN	D / DEPAI CERTIF	RTMEN	T OF I	HEALTH DEA	AND I	MENTA	L HYGIEN	93	3	7252
21.00	1. DECEDENT'S NAME (First		PRANK							2. DATE MONT	OF DEATH	/11/9	YEAR 9-3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 216-12-6742	BER	5. SEX 6. AGE (In yrs. la			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH			6. BIRTH	IPLACE (State or Foreign	
OB	9a. FACILITY NAME (If not institution, give street and number) St. Agnes Hospital						time	or Locati	ON OF DE				NTY OF D	
DIRECTOR	nesidence of dec 10a. STATE Maryland	10b. COUNT Balti				Onsv								10d. INSIDE CITY LIMITS?
ERAL D	10e. STREET AND NUMBER				Joac	.0115 V		1. ZIP COD 2122				1.00		1 YES 2 NO
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	₽ NO		If yes, sp	ENDENT (OF HISPAN	n, Puerto I	I? (Specify Yea Rican, atc.)		14. RACE Black Speci	E — American Indian, k, Whita, atc.
COMPLETED	15. DEC (Specify onl Elementary/Secondary (0	EDENT'S EDU y highest grade	CATION completed) College (1-4 or 5	+)	Give kind of the Do NOT u	work done ise retired.)	CCUPATION OF THE COURT OF THE C	ON ost of worki	ng		Own Ho		DUSTRY	
BE CON	17. FATHER NAME (First, M Bascholomew		loran						nie l		Middle, Malden	Sumame)		
TO E	John A. Fran	nk Jr.	(Husban	d)	3-G W	ines	ap C	t.	or Rural R Cator	nsvi	ber City or Town	n, Stete, Zip ary 1a	code)	21228
	20a. METHOD OF DISPOSITI 1 TBurlal 2 Crematio 4 Donation 5 Other	on 3 Rem (Specify)		20b. PLA Pografik	WOULD C	emer	ery				4, 199		Parl	kville, MD
	21. SIGNATURE OF FUNERA	lais	With	el		1	630	Edmo	ndsor	n Ave	e. Cat	onsvi	ille.	neral Home , Maryland
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	nai	complications the List only one ceu	ise on each	line.	not enter	the mo	de of dy	ing, auch	h aa card	flec or reapi	ratory arr	reat,	Approximata Interval Between Onset and Death
TION	Sequentially list conditi if any, leading to imme	lona, diate	b. Much	ple (OR AS A COR	CVG CAN	7 fe	es fin.	et.	med	abol	ni a	ann	yes	newf
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	ry	c. COA	OR AS A CON	NSEQUENCE O	7/97) Pi:	C	45)	Sp	800				
4	PART II. Other algolifica		s contributing to	death but n	ot reaulting	in the ur	derlyin	Ceuse (given in i	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA										_	PERFOR	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Che	ock only on	e)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH		1 Inpatient 2 28s. DATE OF	INJURY	28b. TIM	4 🗆 Nun	eing Hom 28c. INJ	URY AT	sidence		(Specify)	JURY OCC	CURED	
ED BY	2 Accident 3 Suicide 6	Pending Investigation Could not be determined	26s. PLACE O	2004	li home, farm,	М	1 🗆 1	YES 2	NO	26f. LOCA	ATION (Street a or Town, State)	nd Number	or Rural R	loute Number,
COMPLET	29s. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of											
- 11	2 MEDI			xamination and	s/or investigation	on, in my o	pinion, d				and place, and) and manner as stated.
TO BE			un	co				zwc. LICE	PG 4					(Month, Day, Year)
É	30. NAME AND ADDRESS OF		COMPLETED CAUS				6	alk.	more					

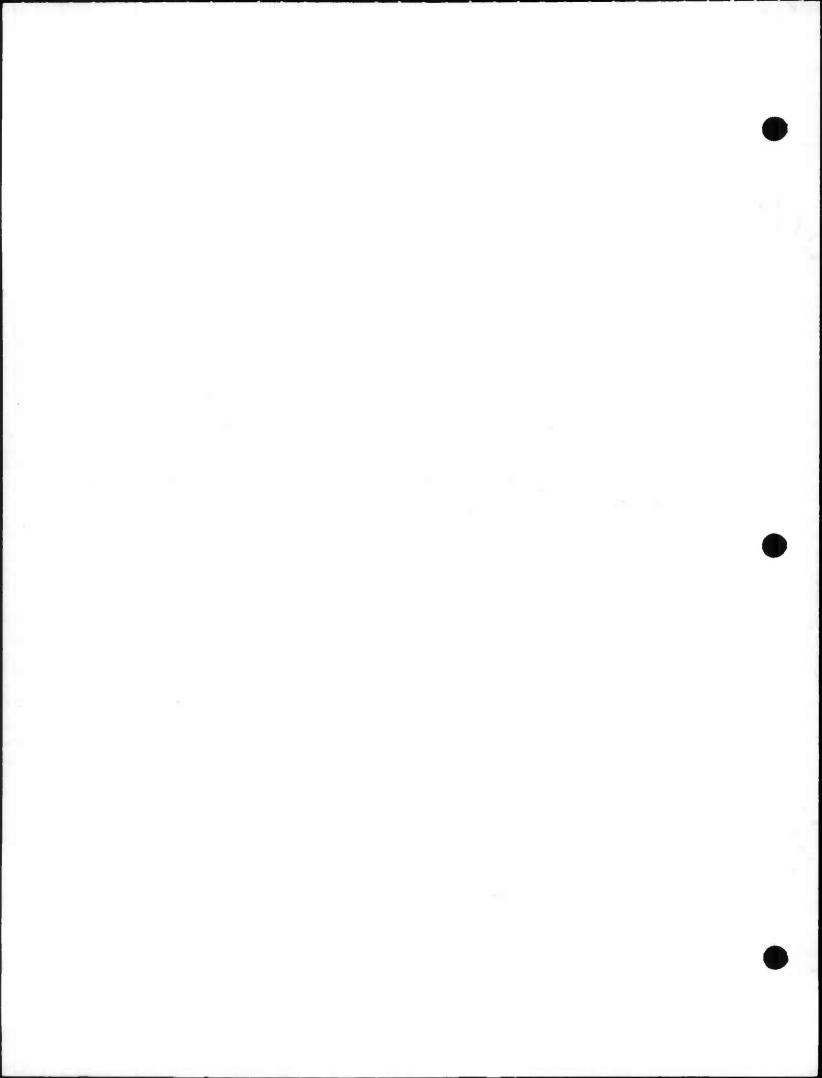
Jula Davidson Hande

31. DATE FILED (Month, Par 1993)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

18	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
1		Frimm							6	11		9 3	12:02A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1		F UNDER :		7. DATE OF (Month, D			8. BIRTH	IPLACE (State or Foreign
	218-16-4314	1 M 2 D F	74	YRS.	months (AAT B	OURS	MIN.		18/1	8		yland
~	9a. FACILITY NAME (If not institution, give st	treet and number)			96. CITY, T	OWN OR I	LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	JFK Apts 135	N Mecha	anic S	t	Cı	ımbe	rla	and				A]	llegany
띭	10a. STATE 10b. COUNTY				Y, TOWN OR								10d. INSIDE CITY
		egany		C	umbei	lan	ıd						LIMITS?
FUNERAL	100. STREET AND NUMBER 135 N Mechanic	Street				10f. ZII	P CODE 21	L502)				WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVEN BULLO AL	DMED	100 1111						US		
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	if y	es, specif	y Cuban	ı, Maxicar	IC ORIGIN? (S	ipecify Yes in, etc.)	or No-	Black	. — American Indian, k, Whita, atc.
B	3 Widowed 4 Divorced	IF TES, GIVE W	MR OR DATES	1	no '] YES 2 (∐ NO	Specify				Speci	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	Sive kind of	USUAL OCC	JPATION	f working	,	16b. KII	ND OF BUS	INESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	116.	. Do NOT u	se retired.)				НС	mem	aker		
OM	17. FATHER'S NAME (First, Middle, Last)					10	MOTH	ED'S NA	ME (First, Midd	No Maidee	Pauma a mana h		
	Andrew J. Grim	nm							Bir				
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S				oute Number,	_		Code)	
2	Helen Richard	son							berla				0 2
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cri		OF DISPOSITI	ON (Neme	ot		DATE	20c. LO	ATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	ENSEE ROD at 1	d Wade	Di	т Таз на	ME AND	DDDEE	0.05.510	WATER CLA	-	2 1		
	11/	1/1/											Board
-	mary //	i Cuia	26/14	R93	65	SW.	Bal	Ltim	ores	t,Ba	lto	, MD	21201
- 1	23. PART I. Entar the diseases, or c shock, or heart fallure. I	List only one cau	se on each line	Bath. Do i	not antar th	a moda	of dyin	ng, such	as cardiac	or respir	ztory arr	est,	Approximate
- 1			oc on agen min	-									intarval Between
	disease or condition				Lia h	0.0 20		14					intarval Between Onset and Death
		Arte	rioscl	ero		ear	t d	lise	ase	-			
Z	disease or condition resulting in death)	Arte		ero		ear	t d	lise	ase				
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Arte	rioscl	QUENCE O	F):	ear	t d	lise	ase		-		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Arte DUE TO	Priosci (or as a conse (or as a conse	ONENCE O	F):	ear	t d	lise	ase				
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Arte DUE TO	eriosc] (or as a conse	ONENCE O	F):	ear	t d	lise	ase				
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SAL CERTIFICATION	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	F): F):					a. WAS AN / PERFORI		246.	
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F): F):				Part I. 24			24b.	Onset and Death WERE AUTOPSY FINDINGS
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DHMH-16 Rev 1/89

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **JOHN** GREENFIELD 06 93 12:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 F 177-26-0109 60 09-16-1932 Pennsylvania permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION
RESIDENCE OF DECEMENT GLEN BURNIE COUNTY A.A. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Millersville 1 TYES 2 X NO 10e. STREET AND NUMBER 10c. CITIZEN OF WHAT COUNTRY? 521 01d Mil1 Road 21108 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11/1/YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? NETTYES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Pu BY 3 Widowed 4 Divorced White Korean Conf COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Electronic Tech. U.S. Gov't. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ BE John C. Greenfield Eva Bower notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louise M. Greenfield Old Mill Road, Millersville, Md. 21108 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Metro Crematory, Inc. 6-16+93 Catonsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY MCCUlly Funeral Home James F. Hackman Jr. 3204 Mountain Rd., Pasadena, Md. 21122 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart feliure. List only one cause on each line. the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remain Approximata interval Between IMMEDIATE CAUSE (Finel Onset apti Death the disease or condition resulting in death) event, traumatic MEDICAL CERTIFICATION n do Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 shows any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY JAB. WERE AUTOPSY FINDINGS signed by the PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES ZE NO 1 TYES 2 NO been t. of PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate h h the State [d, or Item **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO of 2 [] EB/Output MI 3 II DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNEY OF DEATH with t 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending BY 1 YES 2 NO After 2 Accident 3 Sulcide 28e. PLACE OF INJURY — Al home, larm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: / hours after d 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, seeth occurred at the time, data and place, and due to the cause(e) and manner ee stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the basic of exam estigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CHIMINA 29d. DATE SIGNED (Monty), Day Year) BE 2009 2 C. NAME AND AGORESS OF THE COMPLETED CAUSE OF GEATH (WELLS (TYP)). Print)
ELLIOTT GORBATY, M.D./7845 OAKWOOD ROAD, #203/GLEN BURNIE, MD 21061 101 32. REGISTRAR'S SIGNATURE

Swidson-Handall

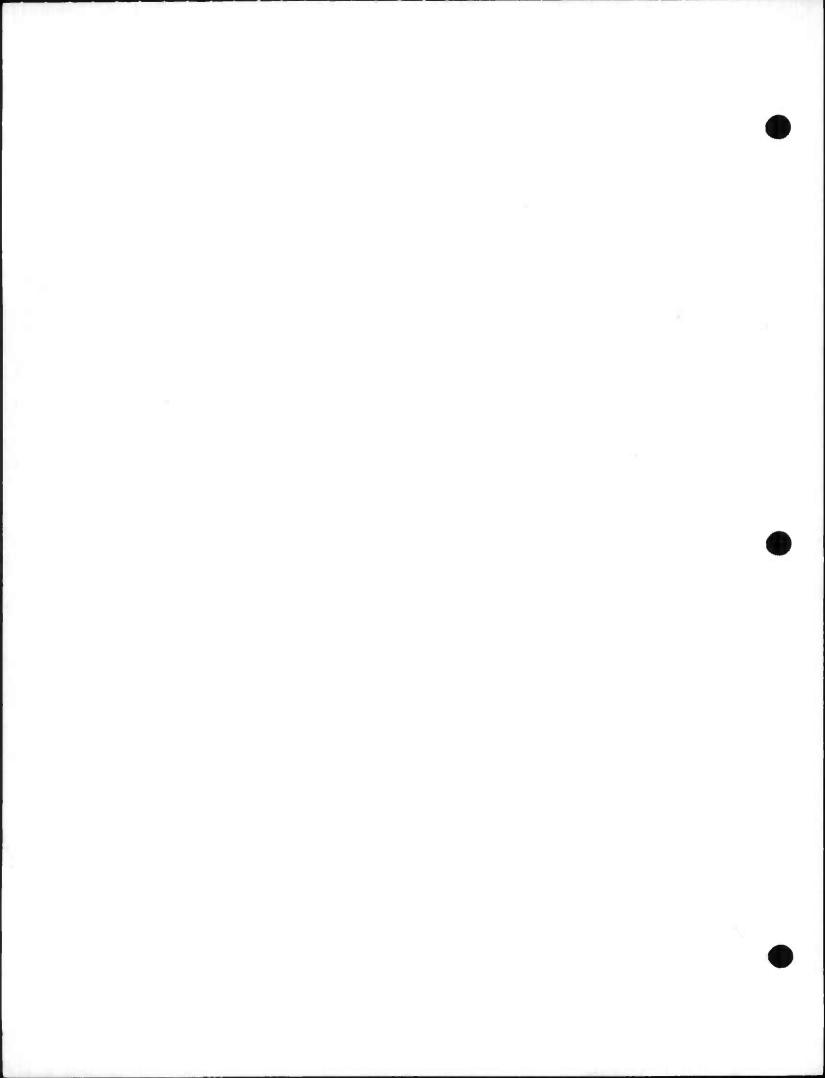
JUN 1 5 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the state Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLAND 2/215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

. 8	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR THE OF DEATH MONTH DAY YEAR															
	ETHEL R.	HAWKINS				6 - 7	_	93	11: FM M							
	The state of the s	SEX 8. AGE (In yrs.	MONTHS	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign							
. (210 10 0112	M 2 X F 94	YRS.	UNITE	HOURS MIK.	4-5-189	99		ILLINOIS							
~	9a. FACILITY NAME (If not institution, give street a		9b. CITY	, TOWN C	PR LOCATION OF DEA	тн	9c. COU	NTY OF D	EATH							
0	ROLAND PARK PLAC	TO.														
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	TION				10d. INSIDE CITY							
ä	MD.	BALTO).					LIMITS?								
AL	10e. STREET AND NUMBER		1 BIIDIO	-	. ZIP CODE		10g. CITI	ZEN OF W	THAT COUNTRY?							
FUNERAL	830 WEST 40TH	ST.			21211			U.S.	Α.							
ž	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ADMED 13.	WAS DEC	ENDENT OF NISPANIC	ORIGIN? (Specify)		14. RACE	— American Indian, White, etc.							
BY		IF YES, GIVE WAR OR DATES			2 NO Specify:	ruanto nican, atc.)	- 1	Speci	ly:							
	15. DECEDENT'S EDUCATIO	IN I see	DECEDENT'S USUAL O	00110471					WHITE							
	(Specify only highest grade comp	oleted)	(Give kind of work done ife. Do NOT use retired.)	during mo	st of working	16b, KIND OF B	USINESS/INC	USTRY								
집		4	HOUSEWII	E E		пОИ	IEMAK	פס								
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		HOODEWI		18. MOTNER'S NAME			EK								
BE (JOHN F. RUCH				ELIZA	BETH BA	TIER									
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS	S (Street a				Code)								
-	NATALIE A. HAW		902 BRI	EEZE	WICK CI	RCLE TO	WSON	, md.	21286.							
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal I	rom State 20b. PLAC	EAND DATE OF DISPOS	ITION (Na	me of	DATE 20c. L	OCATION -	City or To	wn, Stata							
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	GRE	ENMOUNT				ALTO	, MD.								
	100	2.0 -	4.,	22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO.												
	Villiam K	Males	///	49	05 YORK	RD. BA	LTO.	, MD	21212.							
	23. PART I. Entar the diseases, Dr comp shock, Dr heart failure. List	olications that caused the configurations that cause on each license on each license.	death. Do not enter na.	tha mo	de of dying, auch	es cardiac or rea	piretory arr	eat,	Approximate Interval Between							
	IMMEDIATE CAUSE (Finel disease or condition	14 0	1 -						Onset and Death							
	disease or condition resulting in death) a. Heart failure DUE TO (OR AS A CONSENDER OF):															
_																
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):															
S	cause. Enter UNDERLYING CAUSE (Disease or injury															
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST															
#	d															
AL.	PART II. Other significant conditions con	ntributing to deeth but not	resulting in the un	deriying	cause given in Pa		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS							
MEDICAL						_ 1 _ YES	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
ME								İ	1 YES 2 NO							
ä	1 U YES 2 O NO															
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: 28. PLACE OF DEATH (Check only one)															
<u>5</u>	EXAMINER? HO	SPITAL:	OTHER		ACE OF DEATH (Check	only one)	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Rursing Home 8 Residence 8 Other (Specify)									
IYSICI/	EXAMINER? 1 YES 2 NO 1	Inpatient 2 - ER/Outpatient	3 DOA 4 Run	R: sing Home	8 Residence 8	Other (Specify)										
PHYSICIAN:	EXAMINER? 1		3 DOA OTHER 4 Run 28b. TIME OF INJURY	R: sing Home 28c. INJU WOI	8 Residence 8 JRY AT 2		INJURY OCC	CURED								
B	EXAMINER? 1 YES 2 NO 1. 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	R: ping Home 28c. INJU WOI 1 Y	B G Residence 8 JRY AT 2 RK? ES 2 NO	Other (Specify)			Marsh and a second							
B	EXAMINER? 1	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIME OF INJURY	R: ping Home 28c. INJU WOI 1 Y	B G Residence 8 JRY AT 2 RK? ES 2 NO	Other (Specify)	and Number		oute Number,							
B	EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	Inpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At I building, stc. (Specify)	28b. TIME OF INJURY M	R: sing Home 28c. INJU WOI 1 Y	e 8 Residence 8 JRY AT 2 RRY ES 2 NO 2	Other (Specify) Bd. DESCRIBE NOW Bl. LOCATION (Street City or Town, State	and Number	or Rural R	oute Number,							
B	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN 1 Netural S Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFVING PNYSICIAN:	Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At I building, stc. (Specify) To the best of my knowledge, c	3 DOA 4 Frum 28b. TIME OF INJURY M home, lerm, street, fact	R: sing Home 28c. INJU WOI 1 Y ory, office	8 Residence 8 RY AT RK? ES 2 NO 2 and place, and due to	Other (Specify) 8d. DESCRIBE NOW 8l. LOCATION (Stree City or Yown, State The cause(a) and m	and Number	or Rural R								
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At I building, stc. (Specify) To the best of my knowledge, c	3 DOA 4 Frum 28b. TIME OF INJURY M home, lerm, street, fact	R: sing Home 28c. INJU WOI 1 Y ory, office	e 8 Residence 8 RY AT RK? ES 2 NO 2 and place, and due to esth occured at the lin 29c. LICENSE NUMBE	BI. LOCATION (Stree City or Town, State The cause(s) and mae, data and place, deep	and Number p) enner as state ind dua to the	or Rural R								
E COMPLETED BY	EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On	Inpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At I building, etc. (Specify) To the best of my knowtedge, the beste of exemination and/o	28b. TIME OF INJURY M home, lerm, street, fact death occurred at the tir investigation, in my of	R: sing Home 28c. INJU WOI 1 Y ory, office	e 8 Residence 8 RY AT RK? ES 2 NO 2 and place, and due to eath occured at the lim	BI. LOCATION (Stree City or Town, State The cause(s) and mae, data and place, deep	and Number p) enner as state ind dua to the	or Rural R	and manner as stated.							
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 0no) 2 MEDICAL EXAMINER: On 0no) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COI	Inpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At I building, etc. (Specify) To the best of my knowtedge, the beste of exemination and/o	28b. TIME OF INJURY M nome, lerm, street, fact death occurred at the tir Investigation, in my o	R: sing Home 28c. INJ WOI 1 Y ory, office	e 8 Residence 8 RY AT RK? ES 2 NO 2 and place, and due to esth occured at the lin 29c. LICENSE NUMBE	Other (Specify) Bit DESCRIBE NOW Bit LOCATION (Stree-City or Town, State The cause(s) and more, data and place, a	enner as stated due to the 29d. DATE	or Rural R	and menner as stated. (Month, Day, Year)							
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 0no) 2 MEDICAL EXAMINER: On 0no) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COI	Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At I building, stc. (Specify) To the best of my knowledge, of the best of aximination and/outpeties.	29b. TIME OF INJURY M home, lerm, street, fact death occurred at the time investigation, in my of the street of th	R: sing Home 28c. INJ WOI 1 Y ory, office	e 8 Residence 8 JRY AT RK? ES 2 NO and place, and due to leath occured at the IIn 29c. LICENSE NUMBI	Other (Specify) Bit DESCRIBE NOW Bit LOCATION (Stree-City or Town, State The cause(s) and more, data and place, a	enner as stated due to the 29d. DATE	or Rural R	and menner as stated. (Month, Day, Year)							



1	-	STATE REGISTRAF
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTA	L HYGIENE REG. NO.			
1. OECEDENT'S NAME (First, Middle, Lest)	LERBERT S				2. DATE MONT	OF DEATH	19	EAR	TIME OF DEATH 7:15 PM
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year)	8.	BIRTHPL/ Country)	CE (State or Foreign
Da. FACILITY NAME (If not institution, give s	treet and number)	98	. CITY, TOWN O	R LOCATION OF D	EATH	1/2//	9c. COUNTY		
University Hos	spital		Bal	timore			,	na	
RESIDENCE OF DECEDENT 10b. COUNTY								ı a	
1000 000111	Mary Co		Avenue						I. INSIDE CITY LIMITS? YES 2 NO
PO Box 203			101.	ZIP CODE 20609			-	JSA	COUNTRY?
1. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECI	ENDENT OF HISPAI	NIC ORIGII	1? (Specify Year	r No 14	. RACE —	American Indian,
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR D			cify Cuban, Maxica 2 NO Specif		Rican, atc.)		Black, W Specify:	Black
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USI	done during mos	N t of working	16b	. KINO OF BUSI	NESS/INOUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	iffe. Do NOT use re	tired.)						
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA HER B		Middle, Melden S AMA			
9a. INFORMANT'S NAME (Type/Print)				Mumber or Rural					MD 2060
tion METHOD OF DISPOSITION Burlet 2 Cremation 3 Remo	oval from State com	D. PLACE AND DATE OF D netery, cremetory or other	DISPOSITION (Ner		HICK		TION — City		3 AVENUE State
MEDIATE CAUSE (Final lisesse or condition esuiting in death)	Miller	ary hem a consequence or; a consequence or; a consequence or; a consequence or;	anter tha mod		h ea cer				Approximsta interval Between Onset and Daet
ART II. Other significant condition	a contributing to dasth b	out not resulting in t	ha underlying	cause given in	Part I.	24a. WAS AN AI PERFORM 1 YES 2	ED?	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	5 Rasidence					
7. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOF	RY AT	28d. OEŞCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, tectory, office			ATION (Street and or Town, State)	d Number or I	Pural Route	Number,
	CIAN: To the best of my know							euse(s) and	f manner es stated,
96. SIGNATURE AND TITLE OF CERTUFIER				29c. LICENSE NUR					nth, Day, Year)
D. NAME AND ADDRESS OF PERSON WHO	Wright.	MO		D28	109	8	D 6/	5	93
JEANNEN UNEZ	0	ATH (ITEM 27) (Type, Prin	OF MA	RYLANC	H	EDN C	F1_ S	Sys	TEM

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

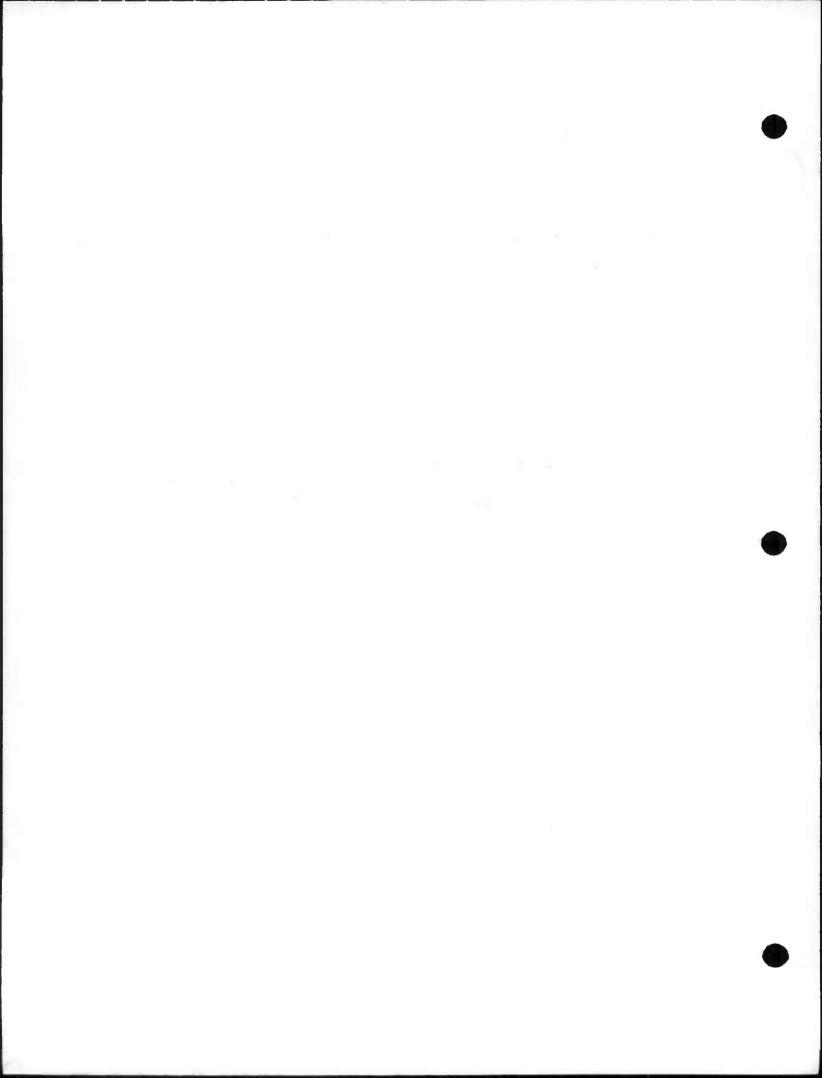
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

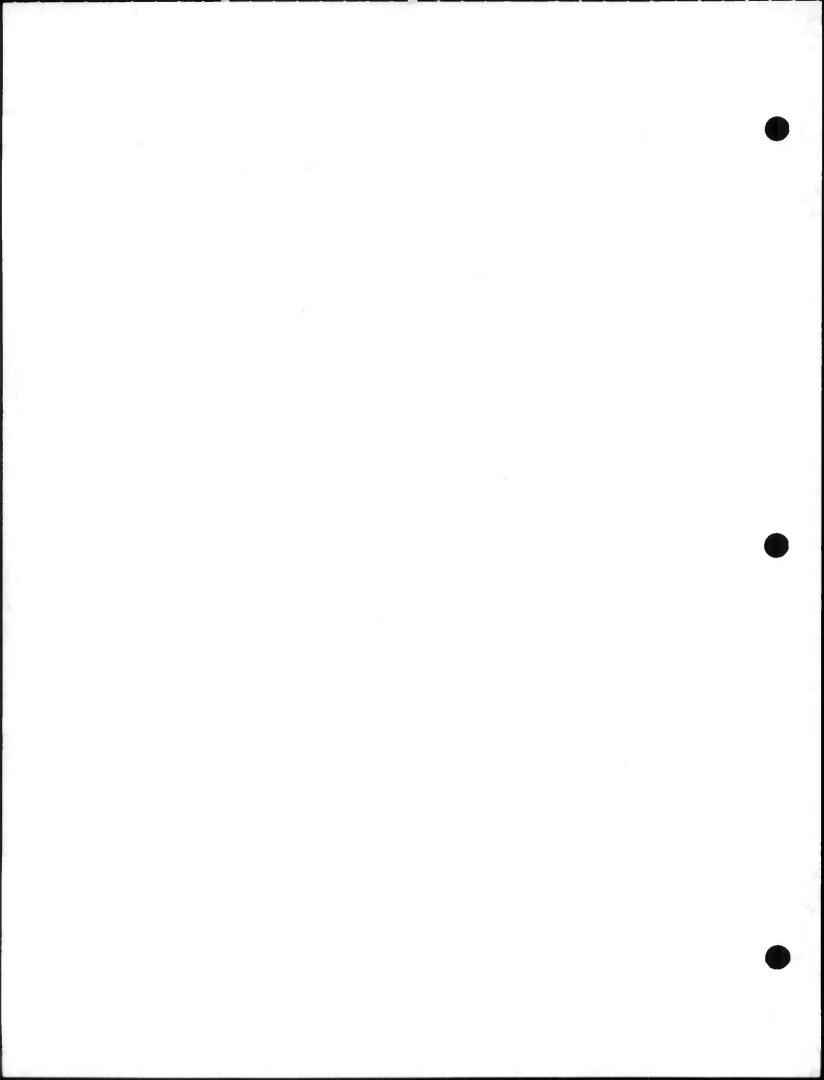
JUN 15 1993



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the buriat-transit in, or removal.	e medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIE					
I.I.	1. DECEDENT'S NAME (First, Middle, Last)	440				2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH PM					
	Paisley Hender	T				06 0	4 199	3 22:37 W			
į	4. SOCIAL SECONITY NUMBER	5. SEX 6. AGE (In	yrs. leat birthday) IF t.	HB DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country)					
	9a. FACILITY NAME (If not institution, give :			CITY, TOWN O	08 42 OR LOCATION OF O						
OR	St Agnes Hos	pital	1.11	Balti				na			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c, CITY, TO	WN OR LOCAT	ION			10d, INSIDE CITY			
DIR	Maryland Anne	Arundel Co		lenn Burnie				LIMITS?			
IAL	10e. STREET AND NUMBER			101. ZIP CODE 10g				N OF WHAT COUNTRY?			
FUNERAL	7843 America:					1060		USA			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ecify Cuban, Maxica	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.)	ea or No 14	. RACE — American Indian, Black, White, aic.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 U YES	2 NO Specif	y:	1	Specify: Black			
TED	15. OECEDENT'S EDU (Specify only highes) grade	CATION completed)	(Give kind of work of	one during mos	N st of working	16b. KINO OF B	USINESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	⊕đ.)							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)				
BE C					Tara	Johnson					
0	19a. INFORMANT'S NAME (Type/Print) Tara Johnson					Route Number, City or To		,			
	20a. METHOD OF DISPOSITION	205.6	PLACE AND DATE OF DIS					e,MD 21060			
	4 Donation 5 Other (Specify) In State removal from State										
	21 MONATURE OF PUNERAL SERVICE LI	CENSES ROTA a Id V	ade,Dir	22. NAME AN	D ADDRESS OF FA	CILITY Stat	e Ana	tomy Board			
	Janard!	11/ bolo	11/93	655W	.Baltim	oreSt,Ba	alto,M	D 21201			
	23. FART i. Enter the diseases, or shock, or heart fellure.	complications that coused List only one cause on an	the death. Do not e	nter tha mo	da of dying, suc	h aa cardlec or rea	piratory arrest	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death			
	resulting in death)	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury) Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury) Onset and Deat Onset and Deat Onset and Deat Onset and Deat A Lead Cause (Final disease or Conditional Cause) A Lead Cause (Disease or Injury) Onset and Deat Onset and Deat Onset and Deat Onset and Deat										
ATIC	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS 4)	CONSEQUENCE OF):	~~~	4.500						
FIC	CAUSE (Disease or injury that initiated events	C. TY WITHE	CONSEQUENCE OF):	siant	direase.						
CERTIFICATION	resulting in death) LAST	d									
AL C	PART ii. Other significant condition	ns contributing to deeth bu	t not resulting in the	underlying	ceuse given in	Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS			
						1 YES	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC								1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch						
Ήζ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(morni, bay, real)	INJURY	WOI 1 Y	ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, etc. (Specif)	- Al home, farm, street,	factory, offica		281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)					
LET	And OFFICER										
COMPLETED		CIAN: To the best of my knowled R: On the bests of examination						Busse(s) and manner as stated			
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	(7)		. 1	29c. LICENSE NUM			GNED (Month, Day, Year)			
TO BE	MadhuNga	- 1	ediatricia	n)		562	▶ 06	1 . 1			
-	30. NAME AND ADDRESS OF PERSON WH MADHU NIGA		H (ITEM 27) (Type, Print)	diate	L. C.	Agnes	Hospita	J.			
	31. DATE FILED (Month, Day, Year)	49 DECISTRADE PICHAS	une		, 01	. 11910	· (- aprico	7 .			
	JUN 15 1993	Julian dier allen	home								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

ift. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1 - STATE REGISTRAR	SIAIE UF M			ICATE (MENTA	REG. NO	E			
7)	1. DECEDENT'S NAME (First, Middle, Last)	FLORA N	ELLIE	HATFII	ELD			MONT	OF DEATH		YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs		IF UNDER 1 YE	AR IF LINOS	R 24 HRS.	7 DATE	10/199		4 BIOTUDI	11:45 A	
6	219-22-4544	1 M 2 XF	81	YRS.	MONTHS DA		MIN.	(Mon	711719	12	Country)	/land	
	9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE		/11/19		NTY OF DEA		
TOR	2021 Deering A	ve., 2	1230		Balt	imore	(MOR	RELL	PARK)	NA			
SE	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR L	OCATION					10	Dd. INSIDE CITY	
ā	Maryland NA			Ba	ltimore	e City	(M	orre	11 Par	k)	1	LIMITS?	
BY FUNERAL DIRECTOR	100. STREET AND NUMBER 2021 Deering	Avenue,				101. ZIP COI	1230			10g. CITI	USA	AT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS	DECENDENT	OF HISPAN	VIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian,	
	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	TES ZX	ίχνο		YES 2 XNO			Rican, etc.)		Specific	White White	
	15. DECEDENT'S EDUC/ (Specify only highest grade of		16a.	DECEDENT'S	USUAL OCCU	PATION	da a	168	b. KIND OF BUS	SINESS/IND			
COMPLETED	Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5+)		life. Do NOT us	nemaker		ing		Чош	sewif	-		
8	17. FATHER'S NAME (First, Middle, Last)			11011	iciiakei		THER'S NA	ME (First	Middle, Maiden		е		
BEC	John	Bea	achum			В	ertha	a I	Delius	В	Beachu	m	
2	19a. INFORMANT'S NAME (Type/Print)	etald c.							ber, City or Tow				
	Mr. Robert L. Hat	riera, sr					ve.,		timore	, Mar	yland	21230	
	20s. METHOD OF DISPOSITION 1-1 Burlal 2 Cremation 3 Remove	rai from State	20b. PLA	CE AND DATE	OF DISPOSITIO	N (Name of		OA1	20c. LO	CATION —	Cify or Town	, Stata	
	16 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Standum of Funeral Service userset Kevin E. Ecker 22. NAME AND ADDRESS OF FACILITY Removal from State A Donation 5 Other (Specify) Expetiety, cremetory or other place) Gien Haven Memorial Park 6/14/93 Gien Burnie, Maryland 21. Standum of Funeral Service userset Kevin E. Ecker 22. NAME AND ADDRESS OF FACILITY												
	X 502		III E.	ccker	McC	ully	Funer	ral I	Home o	f Bro	oklyn	d. 21225	
	23. PART I. Entar tha diseases, or control of the c	S'7	ROK	lina.		moda or dy	/ing, auc	n se cer	diac or respi	ratory arr	est,	Approximata Intarval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant conditions	contributing to c	death but no	ot resulting i	n tha under	ving cause	alven in	Part I.	24e, WAS AN	AUTOPSY	24b. W	FRE ALITOPSY FINDINGS	
<u>ই</u>	HYDERTE			311 - 111 - 11		the underlying cause given in Part I.				MEO?	AV	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
	HYDERTE	MILVE	CA	Raini	(A CC)	I Du			1 TYES 2	NO NO		F DEATH?	
ż	AISTAC	, ,						_				1 123 2 K 110	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				8. PLACE OF	DEATH (Che	ack only o	ne)				
Š	1 YES 2/NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 500 R	asidence	8 🗆 Othe	or (Specify)				
Y PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Naturel 5 Pending Investigation	26a. DATE OF IP (Month, Day		26b. TIM	URY	INJURY AT WORK?	K) NO	28d. DE	SCRIBE HOW II	NJURY OCC	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF building, et	INJURY — At tc. (Specify)	home, term, s	treet, factory,	office	`	281. LOC City	CATION (Street a or Town, State)	and Number	or Rural Rout	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI											nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	X					ENSE NUN						
BE	R	1) 60	272	m, M	mo.	1	77	(-3				onth, Day, Year) 1, 1993	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE				101	17	3-				, =====	
	Dr. K. Dharmace	na, M.D	. 73	lO Chu	rch St	., Bal	timo	re,	Mary1	and	2122	25	
	Address of	32. REGISTRAR		E									
	JUN 1 5 1993	Alia Navido	on-Mano	482					_			OHMH-16 Rev 1/6	
	•											OTHER TO MEN 1/8	

attending physician. 900 page 5 should be deti BALTIMORE, MARYLAI Page 6 may be retained by the director, the funeral after death. filled in by 6 completely filled rial, cremation, o executed within BOX 13146, prior to burial, signed by the attending physician and Health and Mental Hyglene prior to bur requires that the death certificate be P.O. DIVISION OF VITAL RECORDS, been : OR ATTENDING PHYSICIAN: The law has be Dept. FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State item 28

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY YEAR Noon H oove (Doris M. Hoover) oris 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (in vrs. last birthday) 5. SEX 94 218-14-2648 4 XXX 2 XXF YRS 7/1/08 MD. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ba DIRECTOR Stella Maris Hospice lowson RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto. Towson MD. 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 21204 2300 Dulaney Valley Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Merried
3 Wildowed 4 Divorced YES 2 NO Specify: Specify: BY White 18e. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) Mercantile Bank Secretary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Fannie Bernard Schramm BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1274 Rockhill Beach Pasadena, Maryland-21122 Herbert C. Hoover 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Baltimore, Md. GReenmount Cemetery 6/13 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE John C, Miller, Inc. 6415 BElain Rd 21206 Llen 23. PART I. Enter the diseases, or complications that coulded the death Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete k, or heert failure. List only one cause on each ilne. interval Between Onset and Death IMMEDIATE CAUSE (Finei disease Dr condition hronic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Mursing Home 5 Reeldence 8 Other (Specify) 1 YES 2 NO FRIONS a C DOA 27. MANNER OF DEATH 28a DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Fending 1 YES 2 NO BY 2 Accident 286 PLACE OF JAJURY — At home, farm, atreet, factory, office building, stc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 0 8 Could not be 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of mirror elegated and described at the time, date end place, end due to the ceuse(a) and manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basis assimination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADOMES 2300 32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER 04

31. DATE FILED (Morith, Day, Year)

JUN 1 5 19 Fishia Davidson

205. SIGNATURE AND TITLE OF CERTIFIER

DHMH-18 Rev 1/89

29d. DATE SIGNED (Marth, Day.

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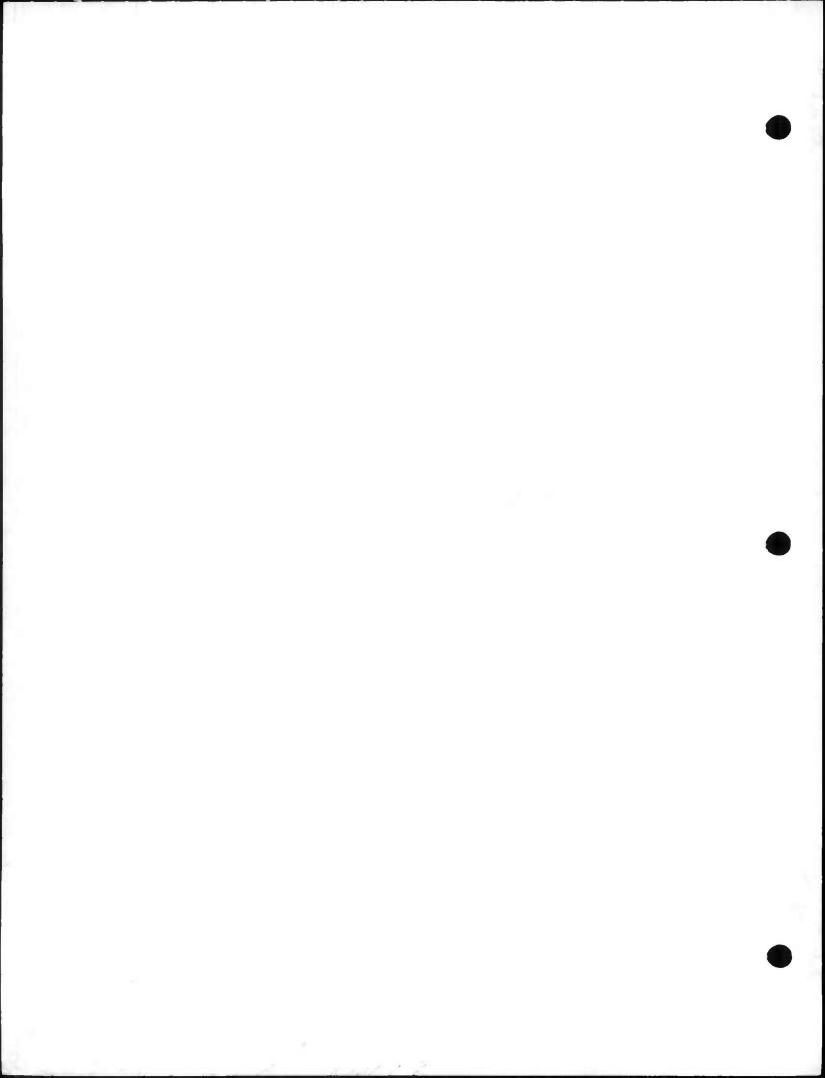
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8	Parish	1	-
BALTIMORE, MARYLAND 21215-0020	or attending	or use as the	, er
AND	the hospital	detached 1	once.
MARY	retained by	5 should be	notified at
IORE,	е 6 тау be	rector, page	must be
BALTIN	r death. Pag	he funeral di	examiner
	24 hours after	filled in by t	he medica
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	uted within	completely irial, cremati	ic event, t
BOX 6	cate be exec	physician and e prior to bu	er traumat
S, P.O.	death certifi	e attending plental Hygien	ury, or oth
CORD	ires that the	signed by the	ws any inj
FAL RE	The law requ	te has been te Dept. of	em 23 sho
OF VI	PHYSICIAN:	this certifica with the Sta	rked, or it
NOISI	ATTENDING :	CTOR: After after death	28 is mai
20	PITAL OR A	IERAL DIREI in 72 hours	T: If item
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the the befined within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

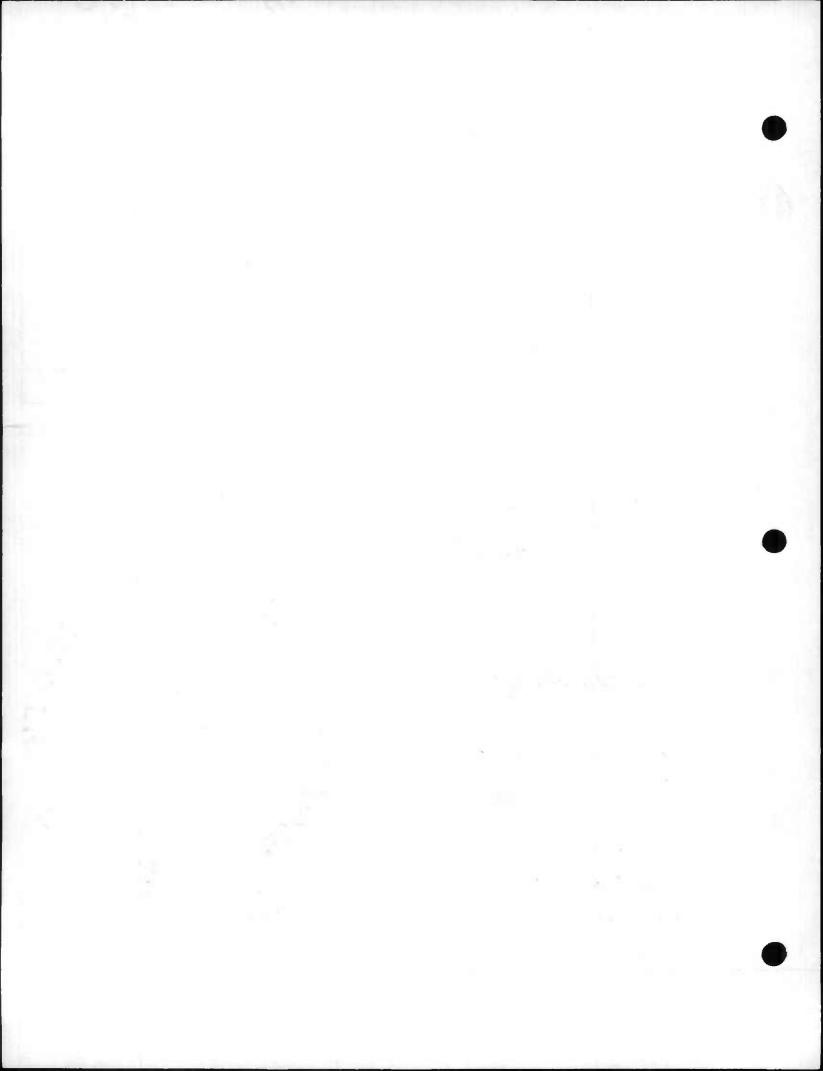
FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3. TIME OF DEA	TN
	Lucy	Α.			Hawkir	C	06-0	DAY	YEAR	111	
	4. SOCIAL SECURITY NUMBER		OF 11- 1-						93	0041	ам
			AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	Year)	Count	HPLACE (State or F	oreign
	227-34-1786	1 - M 2 XF	65	YRS.		moons win.	Sept :	19 1927	1	Virginia	
	9s. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TOWN O	R LOCATION OF O			OUNTY OF D		
Œ	121/ W Comptons	Channa						1 ***		DEAM	
2	1314 W. Saratoga	Street			Balti	more					
DIRECTOR	10a. STATE 10b. COUNTY			100 CITY	, TOWN OR LOCAT	1011					
<u>m</u>	36									10d. INSIDE CIT	٧
	Maryland			l B	<u>altimore</u>	3				1 X YES 2 [NO
4	10e. STREET AND NUMBER				101	ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?	
FUNERAL	1314 West Saratog	a Street				21223			T TC	~ 7	
ΞI	11. MARITAL STATUS	12. WAS DECEDENT EV	ED MILLO ADI	1450	1 40 1110 000					SA	
II.	1 Never Married 2 Married	FORCES? 1 .	YES 2 N	0	If yes, sp	ENDENT OF HISPA	nic OniGin? (Spi in, Puarto Rican,	etc.)	14. RAC	E — American Indi k, White, atc.	en,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	R DATES			2 NO Specifi			Spec		
										Black	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of	ATION completed)			USUAL OCCUPATION		16b. KIND	OF BUSINESS/I	NOUSTRY		
ᇤᅵ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	st or working	Dea	laney V	211es	7	
ᆲ	8th Grade			ITour	-1-00:-0:-			-			
≅ J	17. FATNER'S NAME (First, Middle, Last)			nous	ekeeper	-				ent Home	
5						18. MOTNER'S NA	ME (First, Middle,	Maiden Sumame,)		
H	Robert Lee Walton					Lucy	A Mallo	ry			
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILINO	ADDRESS (Street a	nd Number or Rural			Zip Code)		
임	Robert Lewis Hawk	inc								01015	
	20a METHOD OF DISPOSITION	IIIS			akley Av			timore,		21215	
	1 A Burial 2 Cremation 3 Remo	val from State	20b. PLACE A cemetery, crer		F DISPOSITION (Ne	me of	DATE	20c. LOCATION -	- City or To	own, Stata	
	4 Donatton 5 Other (Specify)			notory or on			i l				
	21. SIGNATURE OF FUNERAL SERVICE LIC	INSEE) /			22. NAME AN	D ADDRESS OF FA	CILITYNITHE	er Fune	ral E	Jomos T	na
	* KONT)	and on	,		2501 (Turnna F	11a Da	er rane	I a I	iomes, I	nc.
	John J.	or fer			Baltir	wynns Fa	rvland	21216			
	23. PART I. Enter the diseases, or ci	omplications that cer	sed the de	ath. Do n	Dt enter the mp	de of dying, auc	h es cardiac o	r reapiratory a	rreat,	Approxim	ate
	anock, or naert failure. L	list only one cause o	n aach lina.							Interval B	etween
	IMMEDIATE CAUSE (Final disease or condition				_			_		Onset and	d Death
Į.	resulting in dasth)	Hyperte	nsive	Athe	rosclero	tic Card	liovascu	ılar Di	sease	e	
	DUE TO (OR AS A CONSEQUENCE OF):										
z I											
의	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF):					+	
₹	cause. Enter UNDERLYING									İ	
윤ᆘ	CAUSE (Disease Dr Injury	DUE TO (OR	AS A CONSEO	HENCE OF						_	
=	that initiated events resulting in death) LAST	DOL TO (OIL)	NO A CONSEC	DENCE OF):						- 1
CERTIFICATION	4	·									
ပ္မူ	PART II Other significent conditions	annielbuilen in de de d	h h	- 101 1							
췽	PART II. Other aignificent conditions	Courtingting to dea	in but not re	auiting in	n the underlying	cause given in	Part I. 24a.	WAS AN AUTOPS' PERFORMED?	f 24b	WERE AUTOPSY F	
吕	Tobacco Use							YES 2 NO		COMPLETION OF	
ME	Chronic Alcoh	noliem						200 2		DF DEATH?	
	CHOME MICO	TOTTOM								1 YES 2	ND D
Z	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EVALUATION	HOSPITAL:				ACE OF DEATH (Ch	eck only one)				
S	1 YES 2 NO	1 Inpatient 2 ER/	Outpatient 3	□ DOA	OTHER: 4 Nursing Hom	5 KResidence	8 Other (Spec	afy)			- 1
£	27. MANNER OF DEATN	28a. DATE OF INJU		28b. TIME	OF 28c, INJ	JRY AT		NOW INJURY O	CCURED		$\overline{}$
	1 Natural 5 Pending	(Month, Day, Ye	81)	INJU		RK? ES 2 NO					
à l	2 Accident Investigation										
ا ۾	3 Suicide 6 Could not be	26a. PLACE OF INJ building, etc. (URY — At hor Specify)	ne, farm, si	treet, factory, office		281. LOCATION City or Town	(Street and Numb	er or Rural I	Route Number,	
= 1	4 Homicide determined						o.,, o	.,,			
۱۱ ۲	29e. CERTIFIER 1 CERTIFYING PNYSIC	(AM). To the best of the	36-340-5		91 (8						
<u>}</u>		IAN: To the best of my k									
COMPLETED	2 X MEDICAL EXAMINER	On the basis of examin	ation and/or is	westigation	n, In my opinion, de	ath occured at the	time, data and p	lace, and due to	the cause(r	a) and manner as a	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER	no.				29c. LICENSE NUI	ARED.	29d D4	TE SIGNED	(Month, Day, Year)	
崩	Dennis a	Chetto in	2					- L N		77 77	
2 ∦						O.C.M.E			06/09	/93	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATN (ITEM	27) (Туре,	Print)						
	Dennis Chute, M.I).	11 P	enn 9	Street	Baltimor	e.Marvl	and 211	201		Į.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE	· mindred		- ST CIMOL	- J. M.L. Y.	212	201		
	JUN 1 5 1993	38. RECUSTONAS S Filha David	bor-Agric	402		•					- 1



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	王	五言	00
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FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPAR	RTMENT O	F HEALTH	AND N	RENTAL HYGIEI				
1. DECEDENT'S NAME (First,	Middle, Last) ARTH	lur HES					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH P	
4. SOCIAL SECURITY NUMB 214 28 5	963	5. SEX 6. AGE (In yrs. last birthday) 1 yrs. M 2 F 6 3 yrs. Months Days Hours Min. 7. Date Of Birth (Month, Day, Year) 1 2 - 18 - 1929							8. BIRTHPL Country)	ACE (State or Foreign yland	
9a. FACILITY NAME (If not in	k Memo	et and number) Orial Hosp	pital		wn or Locatio ederic		ATH		deri	ck County	
Frederic RESIDENCE OF DEC	10b. COUNTY	erick	10c. CIT	Y, TOWN OR L	ocation lerick			d, INSIDE CITY LIMITS?			
100. STREET AND NUMBER Montevuent 11. Marital status 1 Never Married 2			neLane	1100	101. ZIP CODE	217	10g. CITIZEN OF WH			T COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Polyo	Married	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DETERMINED TO THE TOTAL OF THE TOTAL O	IN U.S. ARMED 2 NO DATES	If ye	DECENDENT OF	HISPANI Mexican	C ORIGIN? (Specify Ye, Puerto Rican, etc.)		or No. 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DEC	EDENT'S EDUCAT highest grade co	TION	16a, DECEDENT'S	CEDENT'S USUAL OCCUPATION we kind of work done during most of working. Do NOT use retired.)			166. KIND OF BUSINESS/INDUSTRY Transportation				
			1140	DII	18. MOTH		E (First, Middle, Maide		Lati	on	
Aliva Le	pa/Print)	SS			reet and Number o	or Rural R	Wiles oute Number, City or To				
20a. METHOD OF DISPOSITI	Alvin Bisso 62 Rad Barn Dr, Hauptauge, NY 11788 20e. METHOD OF DISPOSITION 1 Dariel 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of competery, crematory or other place) 20c. LOCATION — City or Town, State										
4 ☑ Donation 5 □ Other		Ronald	Wade, Di	r	E AND ADDRES		State			Board	
snock, or no	resulting in death)								Approximate Interval Between Onset and Death		
Sequentially list conditi	DUE TO (OR AS A CONSEQUENCE OF): Due to (or as a consequence of):										
cause. Enter UNDERLYi CAUSE (Disease or inju that initiated events	cause. Enter UNDERLYING CAUSE (Disease or Injury										
PART II. Other significa C C	at conditions				lying cause gi	ven in F	Part I. 24a. WAS A PERFO	RMED?	CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE OEATH? YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	1	IOSPITAL:	orticat 2 (1 DOA	OTHER:	6. PLACE OF DE				_		
I Matural 5	rending	1 Inpetient 2 % ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DE\$CRIBE HOW INJURY OCCURED WORK?							JRED		
	Could not be letermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
		AN: To the best of my know On the basic of examination								nd menner ee stated.	
296 SIGNATURE AND TITLE		Robertz M	nD		29c, LICEN	986	9ER 67	29d. DATE	SIGNED (M	9/93	
30. NAME AND ADDRESS OF RRRR 6	BERTS	COMPLETED CAUSE OF DE	W 774	STRE	EET	FR	BDERIC	is 1	41 2	170/-459	
31. DATE FILED (Month, Day,		32 HEGISTRAR'S SIGN	NATURE TO THE PARTY OF THE PART			-					



_	REGIST
ı	1. DECEDENT
,	N
ı	
	4. SOCIAL SE
	577

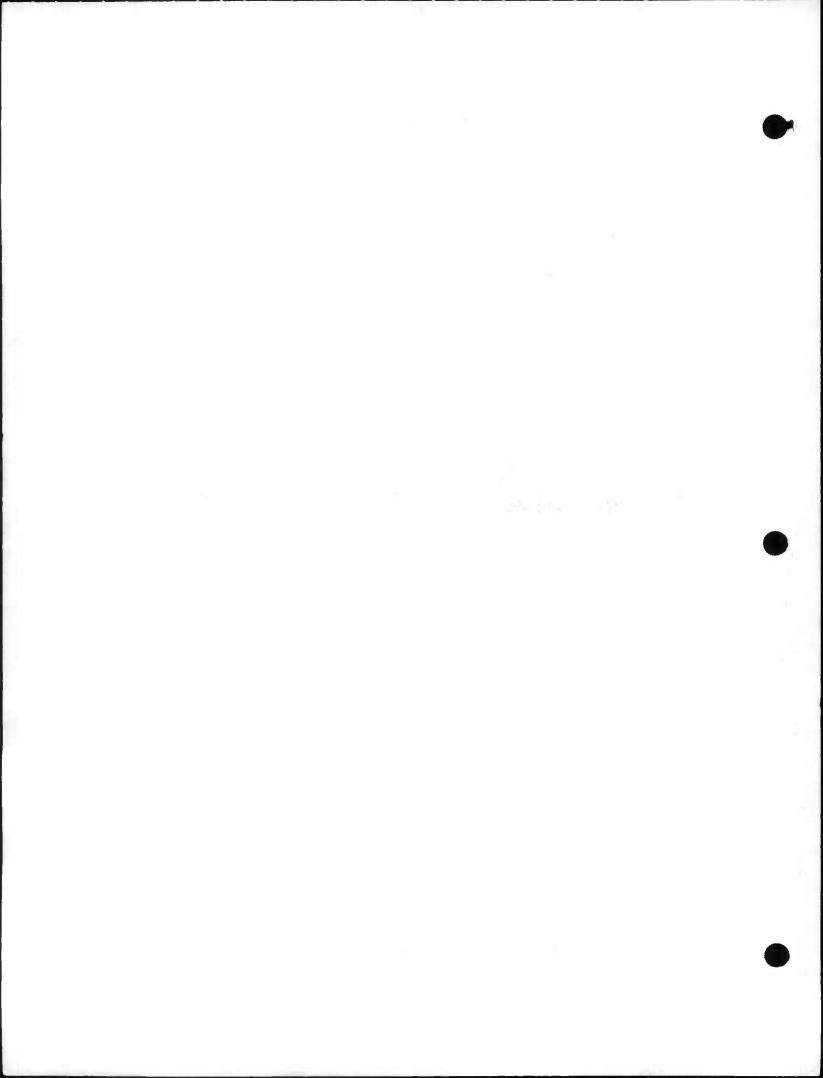
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	MENT OF HEAD	LTH AND N EATH		GIENE 3. NO.	3 11202
1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY	V	н	ILL	2. DATE OF DEA		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577 60 4683 9a. FACILITY NAME (If not institution, give st	1 - M 2 75 - 80	S YRS. MON	NTHS DAYS HO	UNDER 24 HRS.	7. DATE OF BIRT (Month, Day,)	(bar)	BIRTHPLACE (State or Foreign Country)
Suburhan Ho	sputal	E	Bethes		ary lan		HACMENA
Wash, DC			own on Location ashingt	on,DC			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 5420 Conn Ave			10f, ZIP	200E	15	10g. CITIZ	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO			n, Puerto Rican, e		14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION corripleted) College (1-4 or 6+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of	working	16b. KINO 0	OF BUSINESS/INDU	ISTRY
17. FATHER'S NAME (First, Middle, Last)	•		16.	MOTHER'S NAM	ME (First, Middle, A	Aalden Surname)	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street and No.	umber or Rural Ro	loute Number, City	or Town, State, Zip (Code)
20a. METHOD OF DISPOSITION 1	state remo		place)			0c. LOCATION — C	
an signature of Funeral Service Lice	Unex	6/14/93	655W.B	Baltim	oreSt,	Balto,	
A. PART I. Enter the diseases, or cahock, or heart failure. I MMEDIATE CAUSE (Finel disease or condition resulting in daeth)	LIST DRIY DRE Cause DR ae	I the death. Do not a sch line.				respiratory arre	at, Approximata Interval Between Onset and Death
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO COR AS A Chronic	CONSEQUENCE OF): CONSEQUENCE OF):			lm.		
PART II. Other significant conditions - PRACTURE LO - NUMMYMSIM - A BUWY	s contributing to deeth but Nummed	mwheth		use given in P	PI	AS AN AUTOPSY ERFORMED? /ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE	OF DEATH (Chec			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 26c, INJURY WORK? M 1 YES	AT		HOW INJURY OCCU	IRED
3 Suicide 6 Could not be detarmined	28e, PLACE OF INJURY - building, etc. (Specif	— At home, farm, street	t, factory, office		281. LOCATION (S City or Town,	Street and Number of State)	r Rural Route Number,
	CIAN: To the best of my knowle R: On the bests of examination						d. cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	L mo		I	LICENSE NUME	BER >b	29d. DATE	SIGNED (Month, Day, Year)
04 DATE 50 50 444 4 . D. V	32. REGISTRAR'S SIGNA	D 5536	DEIM Q	ws.v-	An	chish ch	Mass my source
JUN 15 199	3 John Ban	son-Rondolle	4			1	

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



		-
		Pages
BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending infaction.	fter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the page of the page 1,
IN OF VITAL RECORDS, P.O. BOX 68760,	NG PHYSICIAN: The law requires that the death certificate be executed within 24 I	fter this certificate has been signed by the attending physician and completely fille

2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 7.	PER F.H. G-700 6/	/17/93 t.t						
	FOR 1 - STATE REGISTRAR			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93	7263		
	1. DECEDENT'S NAME (First, Middle, ast)	NELSON	1	tich	2. DATE OF DEATH DAY	OWEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, 25	8. BIRTHP	LACE (State or Foreign		
	210 11 1011		72 YRS. MON	ITHS DAYS HOURS MIN.	Dec 24 19	20 North	Carolina		
CC.	9e. FACILITY NAME (If not institution, give street		9b.	CITY, TOWN OR LOCATION OF D	DEATH 90	c. COUNTY OF DEA	ATH		
DIRECTOR	St. Agnes Hospita	1	Baltimore						
REC	10a, STATE 10b, COUNTY		10c. CITY, TO	1	10d. INSIDE CITY LIMITS?				
	Maryland Baltim	ore		Catonsv:		1 TYPES 2 N			
FUNERAL	19 Winters Lane			21229	10	og. CITIZEN OF WH	IAT COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or I	USA No 14. RACE -	- American Indian,		
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES 2	<u>Қ</u>]мо	If yes, specify Cuban, Mexic 1 YES 2 NO Speci		Black, Specify:	White, etc.		
ED E	16. DECEDENT'S EDUCA	TION 16a	. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSINE	VETPI IONI 22	Black		
E	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during most of working ired.)	IOU. KIND OF BUSINE	33/MUU31K1			
COMPLET	Co		Licensed	Practical Nur	se Medi	ca1			
	17. FATHER'S NAME (First, Middle, Last) Arthur Nelson				AME (First, Middle, Maiden Surri	name)			
B	19a, INFORMANT'S NAME (Type/Print)		19b. MAII ING ADD	Mary 2 DRESS (Street and Number or Flural	Alice Wilks	Yuta Zin Code)			
2	Rosa Thompson			dgate Road I			21206		
	26a, METHOD OF DISPOSITION 1		CE AND DATE OF DE	SPOSITION (Name of		ION — City or Town			
	4 Donation 5 Other (Specify)	Dru	id Ridge	Cemetery	6/19 Balti	more, Ma	aryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND ADDRESS OF FA	Nutter Fu	neral Ho	omes, Inc.		
Щ	Herbert	E. nutte	м	Baltimore, MD	21216				
	23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Finel disease or condition	Ryotived (Ulmay	anter an	ina. m		Onset and Death		
	resulting in death) a.,	DUE TO (OR AS A CON	ISEQUENCE OF:	- O	wegz				
N	Sequentially list conditions, b.	alder	mel Ur	la Umen.	2				
ATIO	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	ISEQUENCE OF):	1					
TIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):						
	resulting in death) LAST								
L CE	PART II. Other algnificant conditions	contributing to death but no	ot resulting in th	ne Underlying cause given in	Part I. 24a. WAS AN AUT	70PSY 24b. Y	VERE AUTOPSY FINDINGS		
EDICAL					PERFORMED	07	MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEC						· ·	F DEATH?		
SICIAN:		IOSPITAL:		26. PLACE OF DEATH (C)					
PHYS	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatient 28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 N Résidence 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJUS	RY OCCURED			
ВУ Р									
G	3 Suicide 6 Could not be determined	28f. LOCATION (Street and f City or Town, State)	Number or Rural Roo	ute Number,					
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	, death occurred at	the time, date and place, and due	e to the cause(a) and menner	as stated.			
COMPLET				my opinion, death occured at the			and menner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	CONTE	A1//	29c, LICENSE NU	MBER 29	d. DATE SIGNED (A	Meinth, Day, Year)		
TO B	WFA	TRAIN	7/1/] = 3.	•	6/14/	(4)		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH ((ITEM 27) (Type, Print	()					

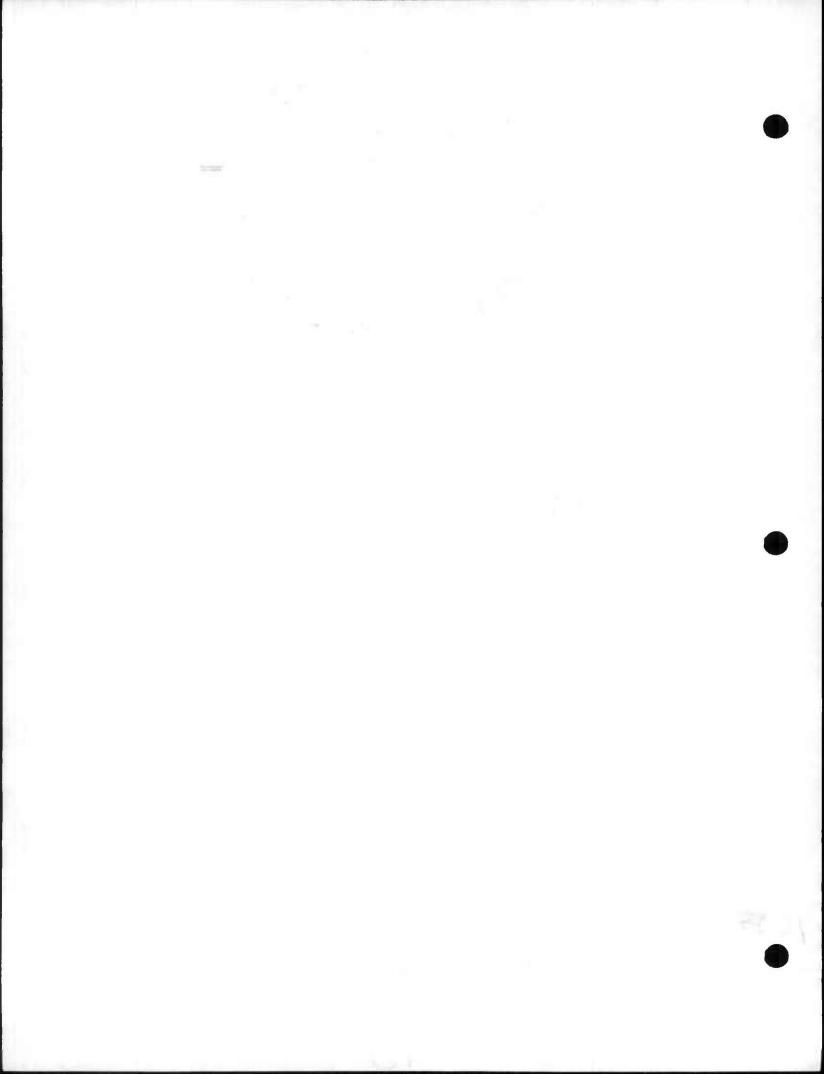


31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

whis theridoon- pandelle

DHMH-16 Rev 1/89



AND 21215-0020

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

use as the burial-transit permit. Pages 1, 2, 3 should Attending physician. notified n by the funeral director, page 5 should removal. urs after death. Page 6 may be 2 must examiner medicai filled in 0 has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation. 23 shows any injury, or other traumatic event, the THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within r this certificate has h with the State De arked, or item 2 is marked, L DIRECTOR: After the hours after death with them 28 is mark TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 23

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH LEON **HENDERSON** 06/10/93 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign 1√ M 2 | F DAYS HOURS 421-01-8085 80 03/15/1913 Alabama 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 X YES 2 | NO Baltimore 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2027 Jeanne Avenue 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify. Specify: 3 Widowed 4 Divorced **Black** 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) International Longshoreman 9th Grade Steamship Trade Association Longshoreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Henderson Margaret Dawson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mattie M. Henderson Jeanne Avenue Baltimore, MD 21227 20a. METHOD OF DISPOSITION
1 № Buriel 2 □ Cremetion 3 □ Removal from 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE DICENSEE Arbutus Memorial Park 6/14 Baltimore Co., 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, <u>Maryland 21216</u> 23. PART & Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition OUE TO (OR AS A CONSCIUENCE OF): reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1/Suppetlant 2 - ER/Outpetlant 3 - DOA OTHER: ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or in occured at the time, data and place, and due to the cause(s) and manner as stated. DISIS 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 6 10/93 9

100 N. BROADWAY

BALTIMORE

32. REGISTRAR'S SIGNATURE - Nevidor-Parpers

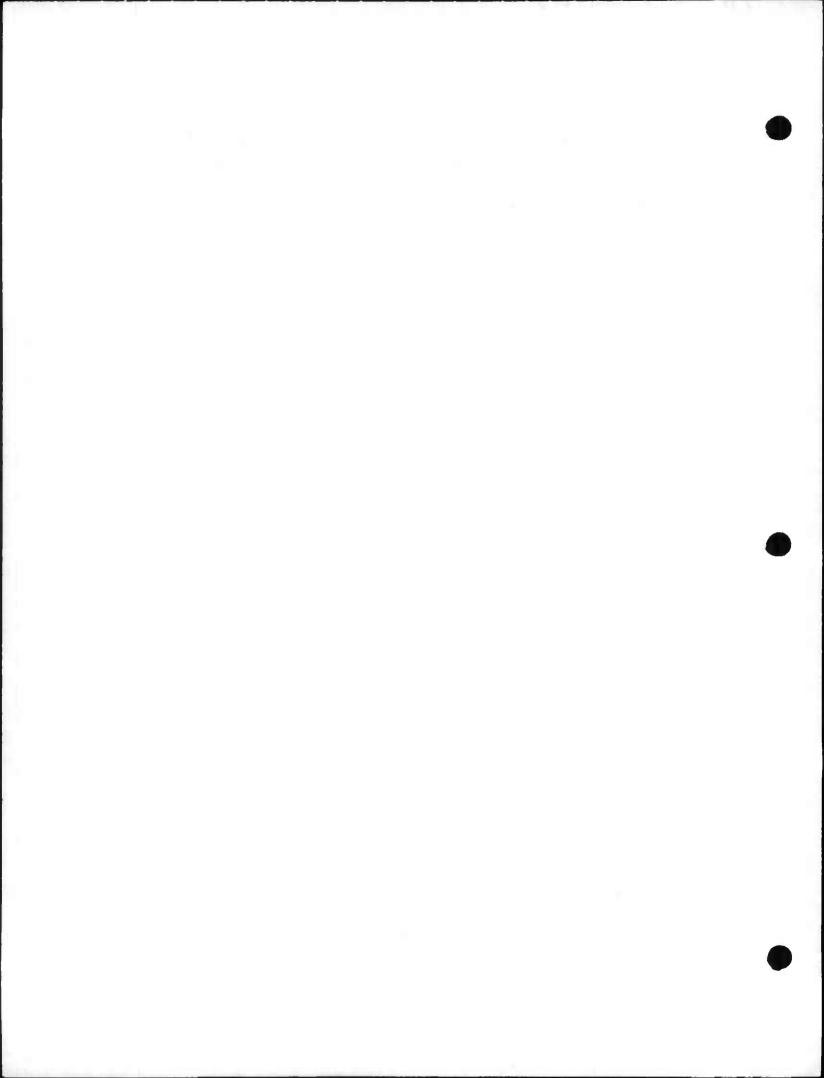
MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ATAOLLAH NAZEMI

21231

MARYLAND



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIMIL OF E	CE	RTIF	ICATE OI	DEA	TH I	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)										3. TIME OF DEATH
	Jean M. Hax	ζ					_ 1	JUMP OF	18"	953	2150 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs, less	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH	0 1	///	PLACE (State or Foreign
	218-56-2398	1 □ M 2 😿 F	87	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Country	V)
	9s. FACILITY NAME (If not institution, give st		0,		9b. CITY, TOWN	271221		1-2-06			MD.
œ		-					ATH	9c. COU	JNTY OF DE	EATH	
6	The Union Memoria	II HOSPIT	aı		Baltimo	ore C	ity				
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					10d, INSIDE CITY
눔	MD.			BALTO						LIMITS?	
١	10e. STREET AND NUMBER				of. ZIP COD	F		10a CIT	FIZEN OF W	1 YES 2 NO	
2	3811 CANTERBU	APT.4	04			2121	8				
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARI		12 MBC DE			0.5.			
							Black	American Indian, Whits, etc.			
BY	3 Widowed 4 Divorced	AF YES, GIVE W	AR OR DATES	H OH DATES			Specify:			Specif	WHITE
유	15. DECEDENT'S EDUC	CATION			USUAL OCCUPAT			16b. KIND OF BUS	SINESS/IN	DUSTRY	WILLE
<u> </u>	(Specify only highest grade Elemantary/Secondary (0-12)	College (1-4 or 5	Hito	ve kind of Do NOT u	work done during n se retired.)	ost of working	g				
립	12yrs.		·	OUSI	EWIFE			ном	EMA	KER	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAM	NE (First, Middle, Maiden	Sumame)		
	JACOB R. MY	ERS						A BARNIT			
BE	19s. INFORMANT'S NAME (Type/Print)	DICO	196	. MAILING	ADDRESS (Street	and Number		oute Number, City or Town		in Code)	
2	CHARLES BROOK	ES									COC., md
	20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		1		OF DISPOSITION //		DD K				wn, State 21030 .
	1 Donation 5 Other (Specify)	oval from Stats	cemetery, crer	matory or o	ther place)	EM.				O, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	מטטבו ו	OIV .	22. NAME	NO ADDRES	SS OF FAC	HITY			
Ä	D 700	11	V-777		H	ENRY	W.	JENKINS	& S	ONS	co.
	Wallam 1	· Val	02/11		4	905	YORK	RD.BALT	O,M	D 21	212.
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications the List only one cau	t ceused the dec see on each line,	eth. Do r	not enter the m	ode of dyl	ng, auch	as cardiac or respi	ratory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	1	W		4 - 1			1.			Onset and Daath
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Muccardial Interction Due to (or as a conscouence of): Onset and Death ///										
		DUE TO	(OR AS A CONSEO	UENCE O	F):						
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
FA	if any, leading to immediata cause. Enter UNDERLYING	DUE 10	(OR AS A CONSEQ	UENCE O	F):						i
	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEQ	LIENCE OF	D.						
E	that initiated events reaulting in death) LAST	502 10	TON NO N COMBER	DENCE O	r).						
CERTIFICATION	d	l									
	PART II. Other algnificant conditions	contributing to	death but not re	sulting	In the underlyi	ng capasa g	lven in F	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS
5	(hronic 8/6	structi	ve FC	uln	ronari	1 Wi	5643	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	M L / />	a	,	^)			No	- 1	1 U YES 2 ONO
-	(e) astatic	Dre	251	Ca	ncer.						1 TES 2 DATO
3	25. WAS CASE REFERRED TO MEDICAL				26. 1	LACE OF D	EATH (Chec	ck only one)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	DOA	OTHER:			Other (Specify)			
₹	27. MAHNER OF DEATH	28a. DATE OF		28b. TIM	E OF 28c. IN	JURY AT		28d. DESCRIBE HOW IN	VJURY OC	CURED	
	1 Pending 5 Pending Investigation	Mooth, D.	ny, Year)	INJ		ORK? YES 2	NO				
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28s. PLACE O	F INJURY — At hor	ne, farm, s	street, factory, offi	ca		28f. LOCATION (Street a	nd Numbe	r or Rural R	oute Number.
ĕ	4 Homicide determined	building,	etc. (Specify)					City or Town, State)			
W	29s. CERTIFIER										
COMPLETED								o the cause(s) and man lime, dets and place, and			
8		7	CHITATION GIRDOT II	restigatio	n, in my opinion,	death occur	ed at the t	ime, dets and placs, sno	d dua to th	he cause(s)	and manner as stated,
BE	296. SIGNATURE AND SITLE OF CERTIFIER			1		29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	of PANE AND ADDRESS OF STREET		1	('0	1	LU	721	57	- (0-	8-47
	AUT. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	DE OF DEATH (ITEM	27) (Type,		10 ~	1	OL.	R	14:	MA
	31. DATE FILED (North, Day, Year)	Ma	OCU	p.	Unil	C731	14	Khuy	1 10	um	of Ito
	11N 1 5 1002	SZ. HEGISTRA	R'S SIGNATURE				J			4	21218

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bursten be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

FOR

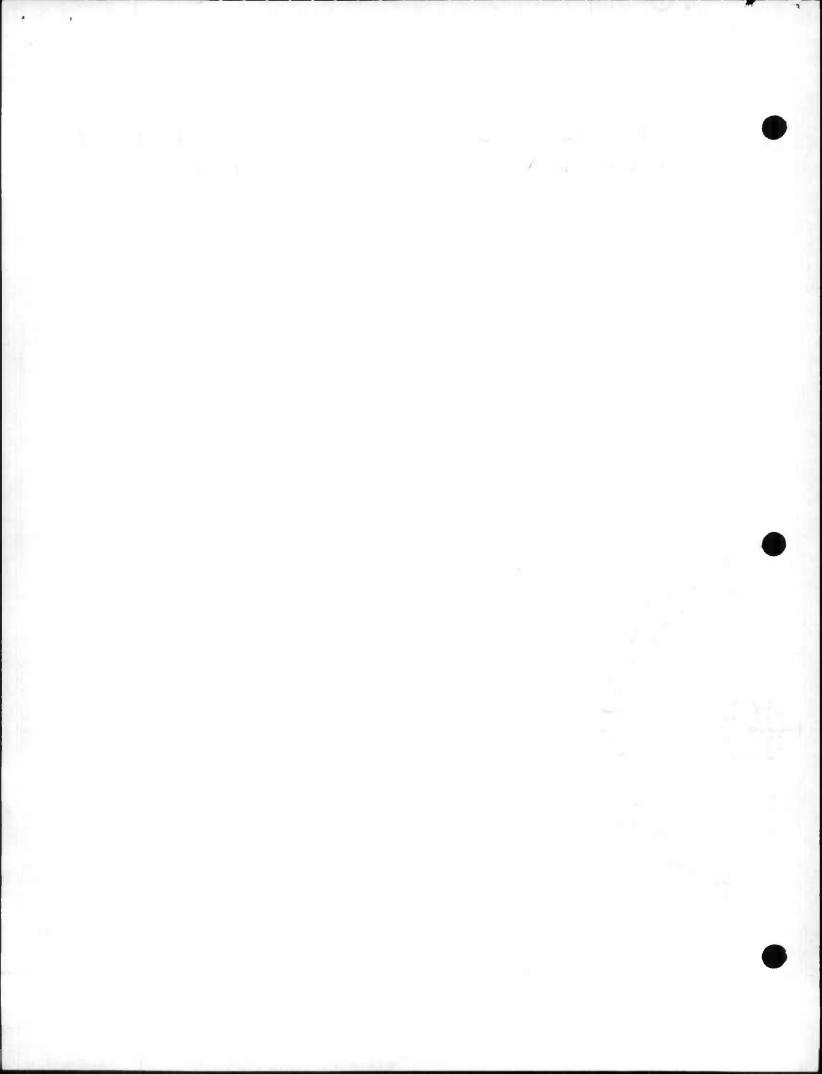
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

3. TIME OF DEATH

2. DATE OF DEATH MONTH 135 P " ones 10 erence 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Monthy Day, Year BIRTHPLACE (State or Foreign Country) 36 213-64-6910 1 M 2 D F MONTHS DAYS HOURS YRS. 9/25/56 MD 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY HOSPITAL DIRECTOR BALTIMORE page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1700 ST. PAUL STREET 21202 APT. 202 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, apacify Cuben, Maxican, Puerto Rican, etc.) 1 VES XXNO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 X Never Married 2 Merried BY BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10th UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at WILLIAM L. JONES GAYNELLE COOPER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 GAYNELLE JONES 1700 ST. PAUL STREET APT. 202/BALTIMORE, MD 21202 20a. METHOD OF DISPOSITION
110 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other Scart pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must director, KING MEMORIAL PARK RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral WM.C.MARCH F.H./1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or complications the coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, completely filled in by Approximata shock, or heart fellure. List only one cause on each line. Interval Betw 5 IMMEDIATE CAUSE (Finel Onset and Death the cremation, Multiorgan Due TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) inquire, that the death certificate be executed within traumatic event, RECORDS, P.O. BOX 68760, by the attending physician and con and Mental Hygiene prior to burial, Sepsis CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury FIDS other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST INFECTION shows, any injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 100 12 **DIVISION OF VITAL** 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Item ! 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The After this certificate I death with the State HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 5 Pending Investigation Natural Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 COMPLETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II HOSPITAL (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Gaze Mouldan MD D 61 11 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Faye Merry Medical Conter 32. BEGISTRAR'S SIGNATURE Moul ari 31. DATÉ FILED (Month, Day, Year) JUN 1 5 1993



3. TIME OF DEATH

4:40 A M

REG. NO.

2. DATE OF DEATH MONTH

6

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 H		ATE OF E			. BIRTNPL	ACE (State or Foreign
-		212-10-0020	1 □ M 2XX F	80	YRS.	MONTHS	DAYS	HOURS N	m. F	eb.2	7 3 1	913	Country)	sylvania
3 should		9e. FACILITY NAME (If not institution, g	ve street end number)			9b. CIT	Y, TOWN (OR LOCATION		CO. 2	9c. COUNTY OF DEATH			
	DIRECTOR	Sinai Hospital				Ва	ltim	ore Ci	ty			Bala	timor	e
-,	[II]	RESIDENCE OF DECEDENT 10e. STATE 10b. COI			100 011	TO TOWN	OR LOCAT	FION						
Page		100	timore		_	uson		ION						d. INSIDE CITY LIMITS?
mit.		10e. STREET AND NUMBER	MINO/LE		100	vson								YES 2 NO
020 physician. burial-transit permit. Pages 1, 2,	FUNERAL	305 East Joppa			_			2128				u.s.	A.	T COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran offitfled at once.	BY	11. MARITAL STATUS 1 Never Married 2 Merried X Widowed 4 Divorced	FORCES?	12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES			13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 YES 2 NO Specify:				pecify Yes	e or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
215 atten	E	15. DECEOENT'S (Specify only highest g	EOUCATION rade completed)	16e.	DECEOENT'S	USUAL C	OCCUPATIO	ON		16b. KIN	O OF BU	SINESS/INDU		
21 al or for u	E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	work done	ounng mo	ist or wonung						
MARYLAND retained by the hospits 5 should be detached notified at once.	COMPL	-High 12	_	Te	lephoi	ne 0	pera	tor	or Rosewood Center					
AN the hos detach	8	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER	S NAME (F	irst, Middle	, Meiden	Sumame)		
Y K	BE	James M. Trombl	ey		Etta Burnsworth									
MAR retained 5 should notified	10	19e. INFORMANT'S NAME (Type/Print)						and Number or F						
2 8 .	-	Kathleen E. Joh			9 Phle	OX C	ircl	e - Ow	ings	Mill	es,	Marylo	ind 2	1117 -Apt
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a METNOO OF DISPOSITION 1 Auriel 2 Cremation 3 F	emoval from State		CEANDDATE					DATE	20c. LO	CATION - CI	ly or Town,	State
MOR ge 6 ma irector, p		4 Li Donation 5 Li Other (Specify)		Ever	green	Mem	bria	l Gard	ens 6	/18	Fin	ksburg	3, Ma	ryland
T. Pa		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	2.		22	. NAME AN	NO ADDRESS C	F FACILITY	1	1824	Roisz	tonst	own Road
		Kamsh	Lelu	me		E.	line	Funer	al Ho	meRe	eist	erstov	on, M	own Road d. 21136
hours after to in by the or removal	4	23. PART . Enter the diseases, shock, or haert failu	or complications the	et caused the	death. Do	not ente	r the mo	da of dying,	auch an	cerdiac	or respi	ratory arres	it,	Approximeta
filled on or or me	1	IMMEDIATE CAUSE (Final		0	l	/	./							intarval Between Onset and Daath
thin 2 erely ematic		disease or condition resulting in death)	a/	lespira	rory	Fa	hun	e						
executed withling and completely to burial, creman matic event,			DUE TO	OR AS A CON	SEQUENCE O	F): V	1.	11						
687 kecuted and con burial,	8	Sequentially list conditions.	- L why	onive	Ma	N	400	Mure	·					
or to or	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory failure Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING MI HUMK A Lunion. Distance.												
ficate physical property per the per t	윤	CAUSE (Disease or injury	c. OUE TO	IOR AS ACON	SEQUENCE O	w	WA	1099	1160					
certifical ding phy tygiene	Ē	that initiated events resulting in death) LAST		(011110)	OLOOLIIGE O	٠ ,.		U						
S, P.O. Bodeath certificate attending physiental Hygiene print, or other th	8		d											
RD at the low the low of the low the l	MEDICAL	PART ii. Other algnificant condi	ions contributing to	contributing to deeth but not resulting in the underlying				PERFO			WAS AN PERFOR	RMED? AMAILABLE PRIOR TO		
RECOl	¥									1	,	1.0	1	DEATH? YES 2 NO
													, ,	, .20 2 [] .10
TAL The law the has the dept ate Dept em 23	X.	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH	(Check on	y one)				
	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		e 5 🗆 Reside	nce 6 🗆 C	Other (So	ac/fv1			
PHYSICIAN: this certifical with the St	PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF	INJURY	26b, TIN	E OF	28c. INJ	URY AT				NJURY OCCU	RED	
ON OF PHYS THE CHANGE WITH WITH	BY	Netural 5 Pending	(Month, E	Aay, roar)	IN.	M		RK? YES 2 NO						
0 1 8 5	_	2 Accident Investigation 3 Suicide 6 Could not	26e. PLACE C	F INJURY - At	home, ferm,	street, fac	tory, office		261.	LOCATION	(Street o	nd Number or	Rural Route	Number,
S PORT		4 Homicide determined		etc. (Specify)						City or Tov	vn, State)			
E 5 5 5	7 1	290. CERTIFIER CERTIFYING PH	YSICIAN: To the best of	my knowledge.	death occurr	ed at the	time date	and place, and	due to the	Counc(e)	and man	mor on eleled		
HOSPITAL FUNEFAL WITH TZ TTANT: #	COMPLET		INER: On the beele of e											d menner es stated.
TO THE HOSPITA TO THE FUNERAL De Ned within 72 IMPORTANT: II	BE	296. SIGNATURE AND TITLE OF CERTI	Resident P	hysican	v, PG	YI		29c. LICENSE	NUMBER		-	29d. DATE S	IGNEO (Mor	onth, Day, Year)
₽₽2₹	2	36. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH (I	TEM 22) /5-00	Prints						- 0	1171	115
		RAJ B	ALJEPALL	7 , MI)									

JEAN

5. SEX

Johnson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

Emma

. SOCIAL SECURITY NUMBER

OHMN-16 Rev 1/89

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page		4
director,	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	analyzed on Hanne Off absence over Informe on software descenable account the security of any and the
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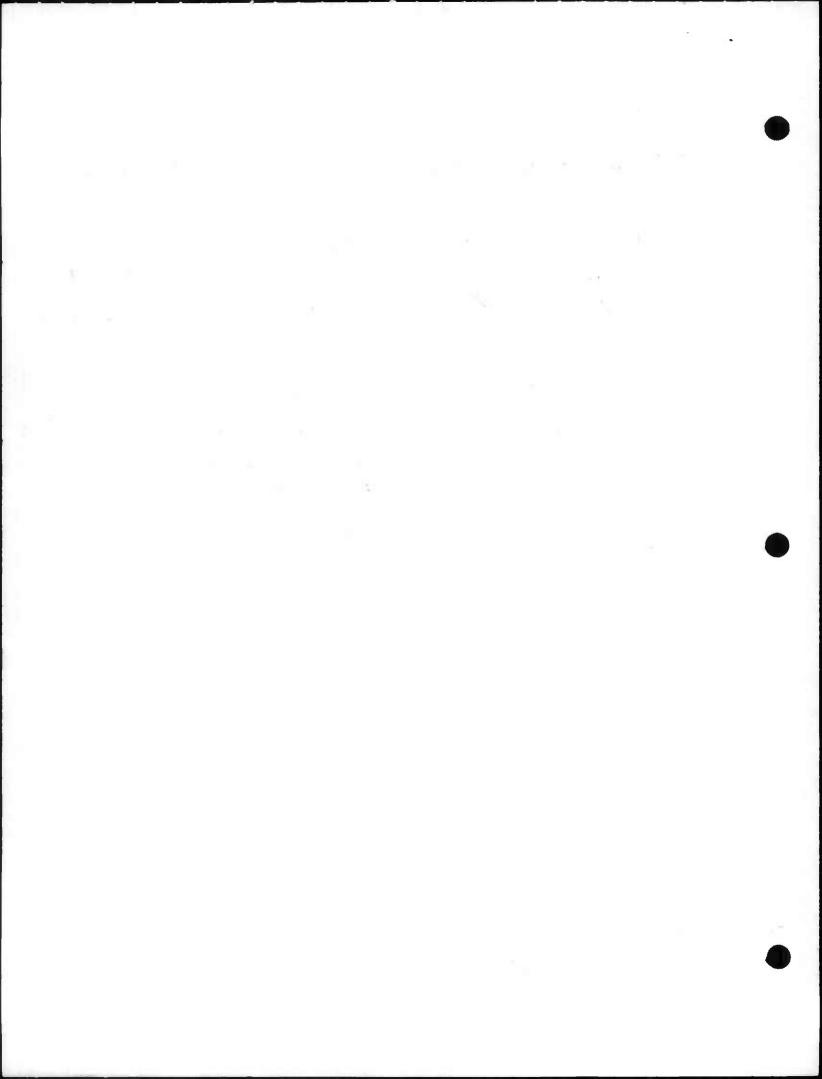
93 17268 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN JUNIOUS Sie 12:2219 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 249-14-2687 9-20-1912 1XXM 2 | F 80 YRS. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR MERIDIAN NURSING HOME RANDALLSTOWN BALTO. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6804 TOWNBROOK DRIVE APT. C 21207 U.S-A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 TYES 2 NO ВУ Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 3 R D College (1-4 or 5+) Southern States Racker 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) RALPH JUNIOUS MARY ROBINSON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUTH JUNIOUS 6804 TOWNBROOK DR. APT. C BALTO., MD 21207 e 20s. METHOD OF DISPOSITION
1 XX Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 X Buriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) 61.93 Memorial Park Randallstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY F. H. West 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart failure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel in e disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) netense PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A DONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO henred COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 DING S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28-PLACE OF OEATH (Check only one) Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER 5 Residence 8 Other (Specify) ŏ 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 1 Netural 5 Pending Investige E FUNERAL DIRECTOR: After this within 72 hours after death within RTANT: If Item 28 Is marke 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE

70 W 3 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5310010 W 32. REGISTRAR'S SIGNATURE

JUN 1 5 1993

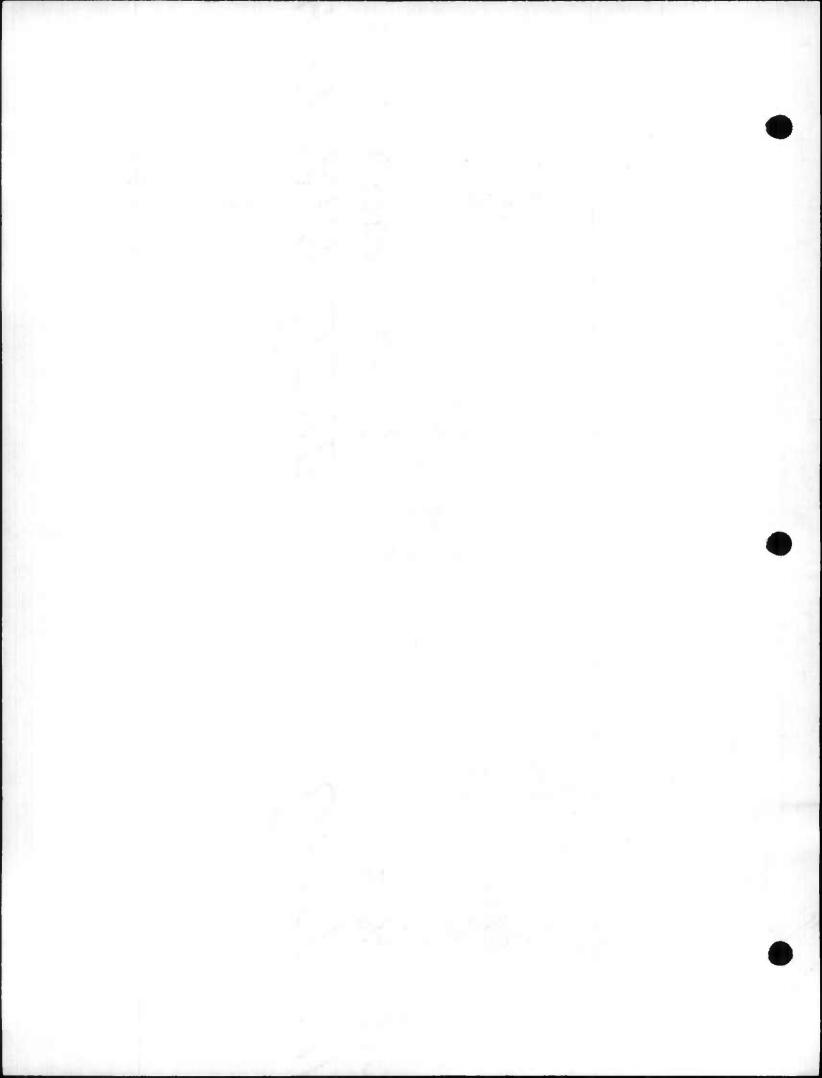
DHMH-18 Rev 1/89

		1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF H	
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH
		ISAAC LEWIS JOHN	
		SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. ligst birthdey) 1. M 2 F 1. M 2 F 1. M 2 F 1. M 2 F 1. M 2 F 1. M 3 F 1	HOURS MIN. (Mogh. Day, Year Coupting)
should		NICK SPOSIA	OR LOCATION OF DEATH Se. COUNTY OF DEATH
2,38	CTOR	544 BAKER STREET. BALTI	MORE CITY.
-	답	RESIDENCE OF DECEDENT 100 STATE 100 OUTY 100 CITY, TOWN OR COCAT	TION 10d. INSIDE CITY
f. Pages	DIRE	MD Daltimore 15	1 YES 2 NO
	ZA.	10. OTDEET AND MINIOPD	1. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
	FUNERA	11. MARITAL STATUS 12. WAS DECEDENT FIVE IN U.S. ARMED 12. WAS DECEDENT FIVE IN U.S. ARMED 12. WAS DECEDENT FIVE IN U.S. ARMED 12. WAS DECEDENT FIVE IN U.S. ARMED 13. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDED FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. ARMED 143. WAS DECEDENT FIVE IN U.S. WAS DECEDED FIVE IN U.S. WAS DECEDED FIVE IN U.S. WAS DECEDED FIVE IN U.S. WAS DECEDED FIVE IN U.S. WAS DECEDED FIN	V1211 1 11.2.4
8	1 1	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, sp.	ZENDENT OF NISPANIC ORIGIN? (Specify Yes or No— beethy Suben, Mexicen, Puerto Rican, etc.) 12 (A NO Specify: Specify 2
5-00 anding	ED-BY	3 Widowed 4 Divorced	DIACK
2121 al or emer	ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-6 or 5 +)	ON 16b. KIND OF BUSINESS/INDUSTRY set of working
	APLI	Elementary/Secondary (0-12) College (1-4 or 5+)	
RYLAND ed by the hospit uid be detached ed at once.	COMPL	17. PATHER'S NAME (First, Middle, Lest)	18. MOTMERIS NAME (First, Middle, Maiden Sumeme)
RYL and by	BE	Keubin W. Johnson Sr.	tannie Mers.
MAR retained 5 Should notified	임	Fannie L. Johnson 4907 Li	and Number or Parel Rouge Number, 1917 or Town, State, Zip Gode) To by eld the Roll MD 21216
ALTIMORE, death. Page 6 may be funeral director, page		20 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na	ame of DATE, 20c. LOCATION — City or Town, State
BALTIMOR ter death. Page 6 ma the funeral director, p oval.		4 Donation 6 Other (Specify) Gallism Tore	est Vet. 6/18/980 wings Mills, MD
death. Pag tuneral die i.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nd Adoress of Facility. West
	Н	Radio Warren 43	
24 hours after filled in by th ion, or remova he medical		23. PART I. Enter the disesses, or complications that caused the death. Do not enter the moshock, or heart fellure. List only one cause on each line.	ode of dying, such es cerdlec or respiratory arrest, Approximate Intervel Bstween
Pille Sion, the		IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Slizur Disorder	Onset and Death
68760, xecuted within and completely burial. cremati		Due Tourish a. Due Tourish as a consequence or:	
cecuted within and completely to burial crema matte event,	NO	Sequentially list conditions, Chronic Alcoholis	sm
Se dian	SAT!	If any, leeding to immediate cause. Enter UNDERLYING	
	RTIFICATION	CAUSE (Disease or injury thet initiated events OUE TO (OR AS A CONSEQUENCE OF):	
U = E = P	CER	resulting in death) LAST	
	A	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying	
SOR es that gned by adth an	0	10bacco Use	PERFORMEO? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL RECOIPMYSICIAN: The law requires thin this certificate has been signed with the Stare Dept. of Health which, or Item 23 shows am	MED		1 YES 2 □ NO
AL law has b Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PI	LACE OF DEATN (Check only one)
PHYSICIAN: The this certificate ha with the State Drived.	SIC	EXAMINER? HOSPITAL: OTHER:	to 5 X Residence 8 □ Other (Specify)
NSICIAL INSICIAL IS Certif ith the	РНҮ	27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 18.1 INJURY 1	
ION OF PHYS NDING PHYS C death with Is marked	ВУ	1 Netural 5 Pending 2 Accident Investigation	YES 2 NO
DIVISION OF OR ATTENDING PHYSIC DIRECTOR: After this cer hours after death with th item 28 is marked, or	8	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, term, street, lactory, office building, etc. (Specify)	 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIVISION OR ATTEN DIRECTOR: hours after itom 28 I	LET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge deeth occurred at the time date	
PITAL ERAL in 72 i	COMPLET	296. CERTIFFER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, do	end place, end due to the cause(a) and menner as stated. lesth occured at the time, date end place, and due to the cause(e) end manner ee stated,
TO THE HOSPITAL TO THE FUNERAL SE filed within 72 IMPORTANT; IF	E C	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT: If i	TO B	Pennis A. Christe us	O.C.M.E. 06/13/1993
	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	00/10/100
5+1		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	, Baltimore, Maryland 21201
		IIIN 1 = 1000	



7270 3 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			ENTAL HYGIENE REG. NO.	93	17270		
	1. OECEDENT'S NAME (First, Middle, Last)	ones	GE GIDEON		JR.	2. DATE OF OEATH DAY	. 93	3. TIME OF OEATH M HPLACE (State or Foreign		
	4. SOCIAL SECURITY JUMBER 220 661 508 9a. FACILITY NAME (If not institution, give)	220 661 508 1 XM 2 DF 3735 YRS. MONTHS DAYS HOUPS MIN. (Month, Day, Islan) 2/21/1958								
DIRECTOR	Bon Secous	Hospital		Balt	imone	mo	9c. COUNTY OF			
	MARYLAND 100. STREET AND NUMBER	Y		IMORE	ZIP CODE		10d. INSIDE CITY LIMITS? 1 [X YES 2 NO			
ERA	2556 W. FAIRMOU	NT AVE.			21223		USA			
BY FUNERAL	11. MARITAL STATUS 1 \(\bigcee \) Never Married 2 \(\bigcee \) Married 3 \(\bigcee \) Widowed 4 \(\bigcee \) Divorced	12. WAS OCCEDENT EVER IN L FORCES? 1 TYS IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF HISPANIC City Cuban, Mexican, 2 1 NO Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)	Blac	- 14. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grad Elementary/Secondary (0-12)	UCATION 1 1 Completed) College (1-4 or 5+)	6a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos						
OM	12 17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAM	E (First, Middle, Malden S	urname)			
BE C	ELDRIDGE JON	ES SR.			SHIRLE		ONES JA	CKSON		
6	19a. INFORMANT'S NAME (Type/Print)					ute Number, City or Town,		AND 21222		
	SHIRLEY JACKSON 2556 W. FAIRMOUNT AVE, BALTIMORE, MARYLAND 21223 20a. METHOD OF DISPOSITION (Name of cometany, crematory or 20c. LOCATION — City or Town, State									
	1 Buriel 2 Cremation S Ren 4 Donation 5 Other (Specify)	M'.	r.ZION CE				DOWN, M	IARYLAND		
	21. SIGNATURE OF PUNERAL SERVICE L	T. USC		ESTEP		FUNERAL S		RYLAND 21217		
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart foliure. List only one cause on each fine. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CO	ic rea	al ah	faille	re				
AL.	PART II. Other significant condition	na contributing to death but	t not resulting in t	he underlying	r cause given in P	24e. WAS AN A PERFORM 1 YES 2	AED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JUNO 27. MANNER OF DEATH 1 JUNE 15 Pending	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)		THER: Nursing Hom F 28c. INJI WO	ACE OF GEATH (Chec		JURY OCCURED			
	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	284 PLACE OF INHIBY	- At home, ferm, streety)			281. LOCATION (Street ar City or Town, State)	nd Number or Rum	Route Number,		
COMPLETED	one)	SICIAN: To the best of my knowle NER: On the basis of examination						(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND THE OF CERTIFI	Kelice	2 K)	DI83	27	P 6	9 (Month, Day, Year) 99/93		
	4660 WILLO	eus Ave	203	Ba	elh o	21229	/			
	JUN 1 5 1993	32. REGISTRAR'S SIGNA	and the		FFY					

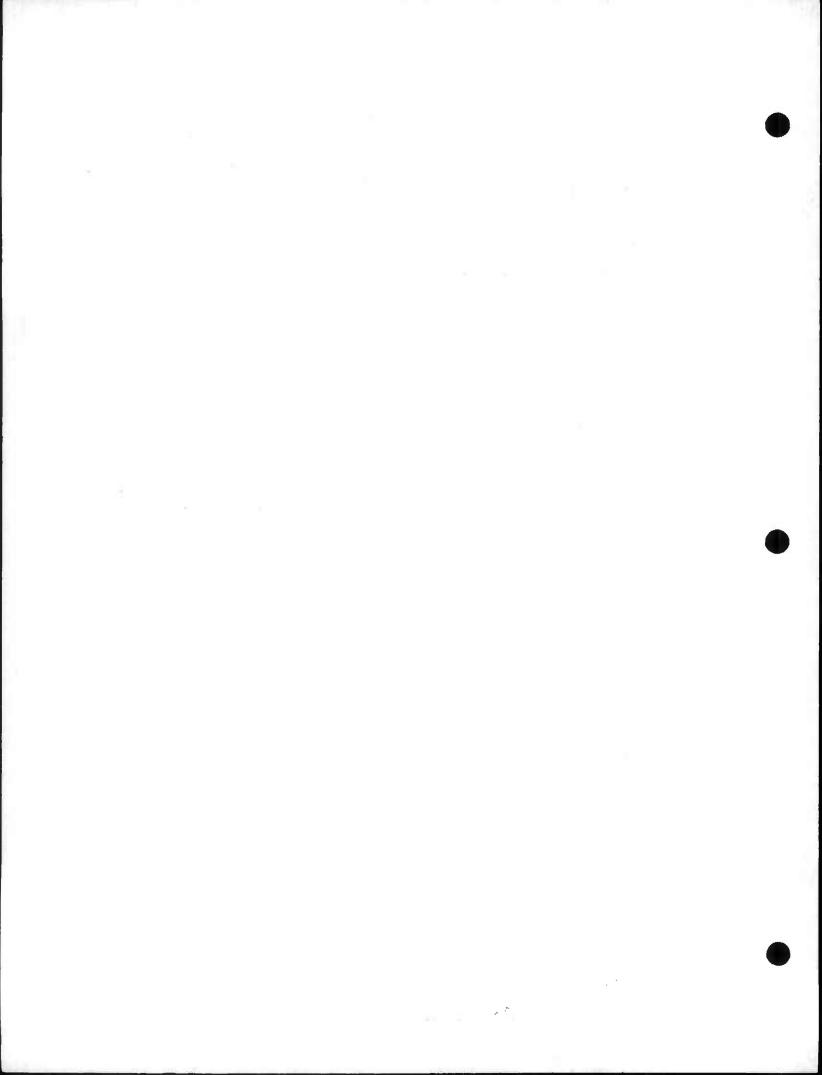


by the hospital or attending physicia	me attending physician and completely filled in by the turners director, page 5 should be detached for use as the burial-to-
retained	5 should
пау ре	, page
age 6	directo
death.	lmera.
a spir	n by the
24 hour	filled in
within	rpletely cremati
ecuted	and cor
ate be	The attending physician and completely filled in by the Messel Hygene prior to burial, cremation, or removal
certific	Hygiene
death	Nestal
	e death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial

rial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OF ATTENDAND PHENEAR. The ise recovers that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL INFECTION AND PROPERTY AND CONTRACTOR AND C

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	C	CERTIFICATE	OF DEAT	H	DEC NO

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		l I for I I
	1. DECEDENT'S NAME (First, Middle, Last)	homas B.	Jordon			2. DATE OF DEATH	AY YE	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 227=34=7156	1 ∰ M 2 □ F 68	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/13/2	8, (BIRTHPLACE (State or Foreign Country) VA.
TOR	9a. FACILITY NAME (If not Institution, give str (Home) 717 Dru:	id Park Lake I	Or/	9ь. сіту, тоwn о Ва1	timore	DEATH	9c. COUNTY	OF OEATH
DIRECTOR	10a, STATE 10b, COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 717 Druid Park Lal	ke Dr. Apt. 50	06	10f.	ZIP COOE 21217			OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 $\boxed{7}$ YES 2 IF YES, GIVE WAR OR DATE: $1951-1953$	S. ARMED 2 NO S	If yes, spe	ENDENT OF HISPA city Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	1s. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18: completed) College (1-4 or 5 +)	e. DECEDENT'S U (Give kind of we life. Do NOT use	USUAL OCCUPATION ork done during most retired.)	N It of working	16b. KIND OF BU		
	12 17. FATHER'S NAME (First, Middle, Last) Ace y Jordo	an .				AME (First, Middle, Maiden Estelle	Surname) Jordon	
TO BE	19a. INFORMANT'S NAME (Type/Print) CECIL JORDAN				nd Number or Rural	Route Number, City or Tow	m, State, Zip Coo	(e)
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramo	20b.PL	ACE AND DATE OF	F DISPOSITION (Nar	ne of	DATE 20c. LO	CATION — City	YLAND 21217 or Town, Stata
	4 Donation 5 Other (Specify)	GA:	RRISON		EMETERY	6/16/9B OW	INGS M	ILL, MD.
Ц	Fly H	-9th 7		Este	p Broth	ers Funeral	Md 2	
	IMMEDIATE CAUSE (Final	net only one cease on each	line.		le of dying, suc	ch ss cardlac or reap	ratory srrest,	Approximete Interval Between Onset and Death
ŀ	resulting In death) a.	DUE TO (OR AS A CO	INSEQUENCE OF)	CCA				5 months.
ATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	PLERAL DUE TO (OR AS A CO	GF INSEQUENCE OF)	FUSID	· N ·			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF)	:				
A	PART II. Other algolificant conditions	contributing to death but r	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						T 1ES 2		OF DEATH?
SICIA		HOSPITAL:		OTHER:	CE OF DEATH (CI			
	27. MANNER OF DEATH 1 A Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT	8 Other (Specify) 26d. DE\$CRIBE HOW i	NJURY OCCURE	D
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, term, etc		ES 2 NO	281. LOCATION (Street I City or Town, State)	and Number or R	ural Route Number,
COMPLET		AN: To the best of my knowledge On the basis of exemination and						use(s) and manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER KARUNA S. K	Cenero. H.	· D ·		29c. LICENSE NUI	MBER .	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO KARUNA S. KON	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, F	N ST,	BALTI	PHORE. F	(D.	
	31. DATE FILED (Month, Day, Year) JUN 1 5 1993	32. REGISTRAR'S SIGNATUR		<u> </u>				



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending othersizion
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per filled within 72 hours after death with the State Deot, of Health and Merital Hydlene prior to burial commarism or removal
PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IMPORTANT: If

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Pages 1, 2, 3 should

93 17272 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH (TILLIE KOLKER) Jine TILLIE KOLKER 993 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH MAY 4, Year 1916 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. IRTNPLACE (State or Foreign MONTHS DAYS 1 🗌 M 2 💢💥 77 MARYLAND 217-32-8594A 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8014-D WOODGATE COURT BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 RO BALTIMORE FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21244 USA 8014-D WOODGATE COURT 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerio Rican, etc.)

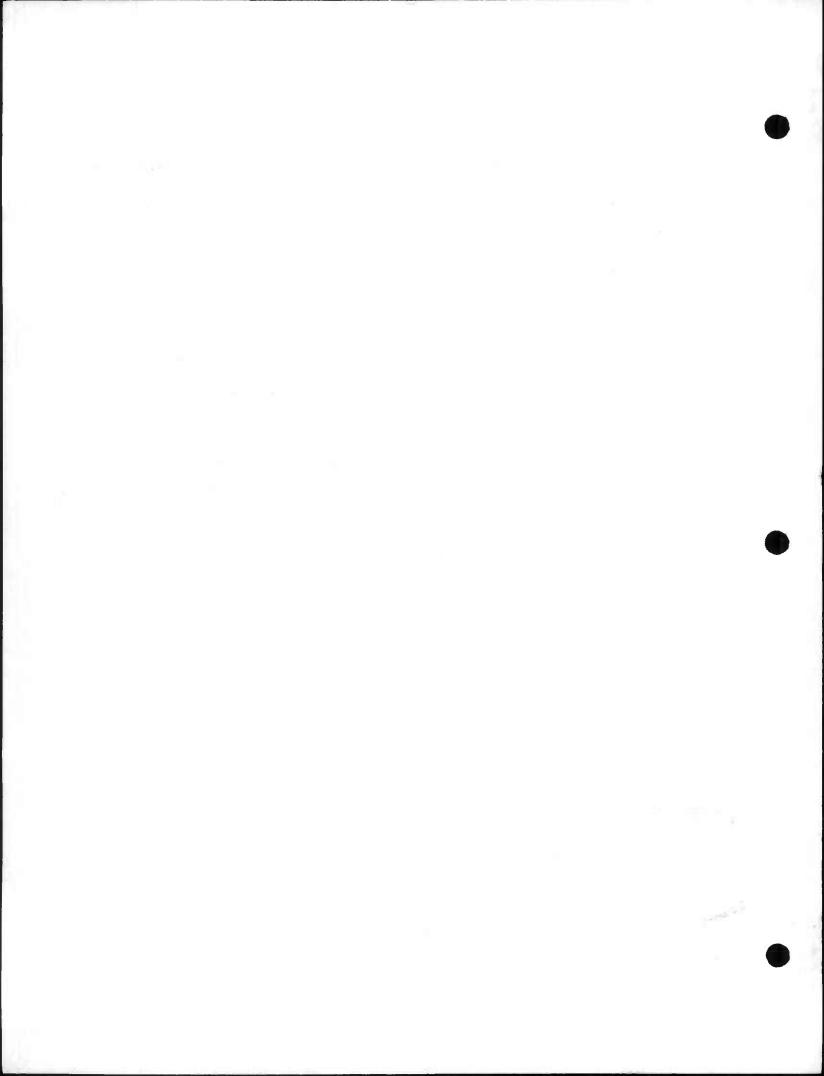
1 VES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried BY 3 Wildowed 4 X Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 **CLERK** STATE OF MARYLAND 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) ANNA DOPKIN BENNY PEARLMAN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 3746 GREENWAY LANE OWINGS MILLS, MD 21117 MRS ESTHER MAZOR 20e. METHOD OF DISPOSITION

1 ☑ Juriel 2 □ Cremation 3 □ Removal from State
4 □ Denation 5 □ Other (Specify) DATE 20c. LOCATION — City or Town, State 6-11-93 BALTIMORE, MD 20b. PLACE AND DATE OF DISPOSITION (Nama of COMETE OYAKOVE BETH ISRAEL -21. SIGNATURE OF FUNERAL SERVICE SICE 22. NAME AND ADDRESS OF FACILITY 21215 SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 38. PART'i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition & MINUTresulting in death) DE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 - YES 2 100 OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 5 🗆 Residence 6 Other (Specify) 4 Nursing N 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 01esTic 5 Pending 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 1 YES В 2 1 M 2 Accident 3 Suicide ED 281. LOCATION (Street end ly or Rural Route Number s Could not be Home 4 Nomicide COMPLET 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end mennel 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER 001080 WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) 2

LI BRA

he hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdatransit nermin Panes 1.2.3 should		once.
the beath certificate the executed within 24 hours after beath. Page 6 may be retained by the hospital or a	pletely filled in by the funeral director, page 5 should be	remation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
G FITTSICIAN. HIS IAW JEYUNES MAI THE DEATH CENTIFICATE OF EXECUTED W	has been signed by the attending physician and comp	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic eve
THE ON ALLENDING PHISIOINING THE	D WE UNERAL DIRECTOR: After this certificate I	a find with 72 hours after death with the State	MPORTANT: If Item 28 is marked, or item

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT (CERTIFICATE	OF HEALTH AND N	MENTAL HYGIEN		
4	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5.	Katze	(ELIZABE	TH KATZEN)	2. DATE OF DEATH MONTH DATE OF BIRTH	93	3. TIME OF DEATH
	216–30–7972	□ M 2 🔭 85	YRS. MONTHS E	AYS HOURS MIN.	JULY 15,	1907 POI	AND
TOR	99. FACILITY NAME (If not institution, give street NORTHWEST HOSPI' RESIDENCE OF DECEDENT	La State		OWN OR LOCATION OF DEJ RANDALLSTOW		9c. COUNTY OF BALTIN	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIN	MORE	10c. CITY, TOWN OR	LOCATION OWINGS MILL	S		10d. INSIDE CITY LIMITS? 1 YES 2 XX10
FUNERAL	100. STREET AND NUMBER 1 GREEN MOUNTA:	IN CT, APT. H		101, ZIP CODE 2111	7	10g. CITIZEN OF USA	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		S DECENDENT OF HISPANI IS, specify Cuban, Maxican I YES 2 NO Specify:	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No— 14. RAC Blac Spec	E — American Indian, ik, White, atc.
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	DECEDENT'S USUAL OCCI (Give kind of work done duri life. Do NOT use retired.)		16b. KIND OF BUS	SINESS/INQUSTRY	
COMPLETED	Elemantary/Secondary (0-12)	College (1-4 or 5+)	FACTORY	WORKER	SHO	ES	
	17. FATHER'S NAME (First, Middle, Lest) JESSE ROCKBERGER				E (First, Middle, Malden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S	Treet and Number or Rural Re	EENBLATT	n State 7in Code)	
임	MR RAYMOND KATZI	EN		I ROAD BALT			
	29a. METHOD OF DISPOSITION 1 Description Description General States Description	I from State cemeter	CEAND DATE OF DISPOSITION OF CHARLES		0ATE 20c. LO	CATION — City of T	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Levense	m	SOL LEVING 6010 REIS	SON & BROS PERSTOWN R	D. BALTI	21215 MORE, MD
7	23. PART I. Enter the diseases, or com- shock, or heert feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	oue to (or As A con	515	e mode of dying, such	aa cardlec or respi	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM					
MEDICAL	PART II. Other algorificent conditions of the brail Vas	ontributing to death but no select Ac	ot resulting in the unde	rlying ceuse given in F	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	N. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		OSPITAL:	OTHER:	26. PLACE OF GEATH (Chec	ck only one)		
НУЅ	1 YES 2 NO 1) 27. MANNER OF DEATH	Inpatient 2 ER/Outpetien 28a. DATE OF INJURY	28b. TIME OF 28	Home 5 Residence 8	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street, factory,	office	28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLET		N: To the best of my knowledge					s) and manner as stated.
BE	SON SIGNATURE AND TITLE OF CERTIFIER	n Ineils	e No	29c. LICENSE NUME			(Mooth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	North	wed Ho	5000	INTE C
2	31. 949 1 ED Magain, 1993 Ju	22. Deck Base Spanne	200	,	- N 110	7	V



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Injury, or o	
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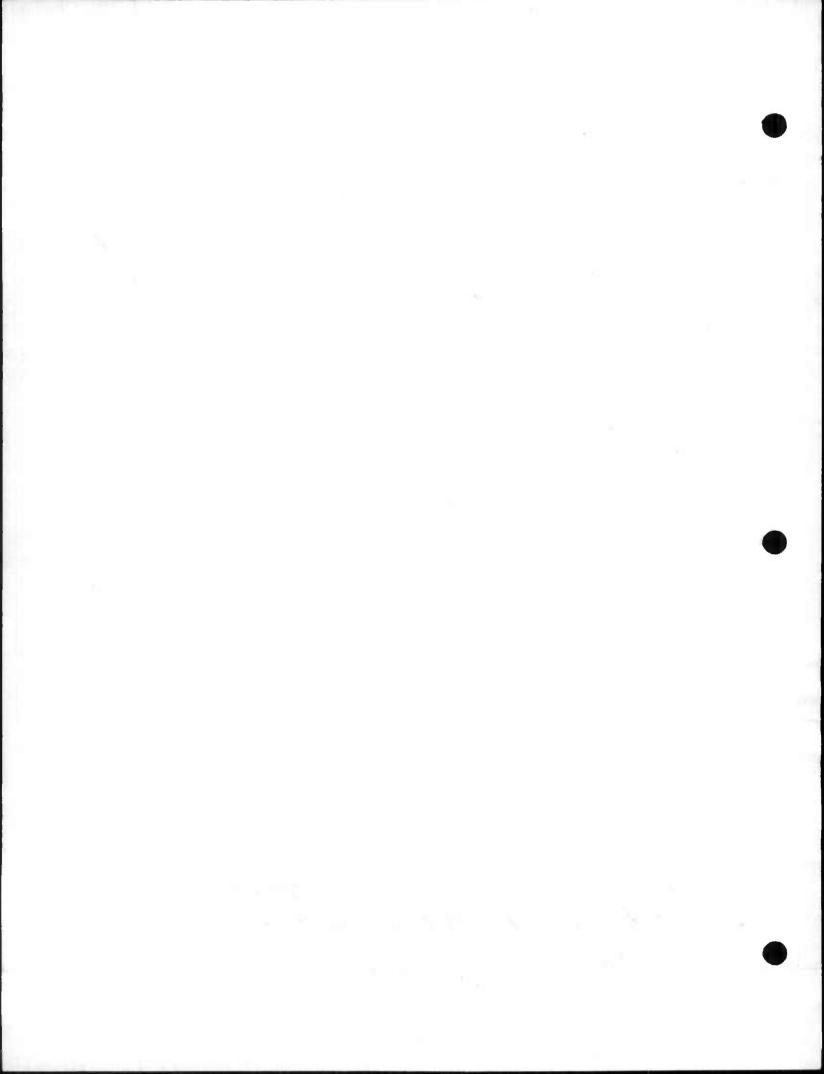
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		BERTH	A KLINE		2. DATE OF DEATH MONTH 10	,1993 YEAR	3. TIME OF DEATH 11:27 AM M
	4. SOCIAL SECURITY NUMBER 218-01-4781	5. SEX 6. AGE (In yrs. 1	YRS.	IF UNDER 1 YEAR HONTHS DAYS	HOURS MM.	7. DATE OF BIRTH (Month, Day, Year) MARCH 1	8. BIPT 7,1908 R	THPLACE (State or Foreign CUSSIA
TOR	90. FACILITY NAME (If not institution, give sti MILFORD MANOR NU RESIDENCE OF DECEDENT			BALTI	NORE	тн	9c. COUNTY OF BALTI	7622
DIRECTOR	100. STATE 10b. COUNTY MARYLAND		10c. CITY,	TOWN OR LOCAT BALTI	NORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3601 FORDS LANE	APT. 214		10f.	ZIP CODE 21215	-	10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	ARMED NO		cify Cuben, Mexican,	ORIGIN? (Specify Yee Puerto Rican, atc.)	or No — 14, RAG Bla	CE — Americen Indian, ock, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16e. Completed) 16e.	(Give kind of wo		N st of working	16b. KIND OF BUS		
	17. FATHER'S NAME (First, Middle, Last)		SA	LES		E (First, Middle, Meiden		
TO BE	SHEA KLINE 190. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ros	STEINBER	n, State, Zip Code)	
-	MR IRVIN MALESON 20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Remo	20b.PLA0	CE AND DATE OF	DISPOSITION /Nai	me of	ALTIMORE,	CATION — City or 1	Inwn State
	4 Donation 5 Other (Specify)	HAF	Ere ZION "			6-11-93 R		MD
	▶ Ellensue		1	6010	REISTERST		ALTIMORE	E, MD 21215
		lat only one cause on eech i	ine.					Approximate Interval Between Onset and Death
Displaya reguires telle feeders 1 YES 2 1/40					chomes		3 malk	
					D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Check			
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJU	RK?	Other (Specify) Bd. DESCRIBE HOW IN	JURY OCCURED	
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, stre		ES 2 NO	81. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 1 CERTIFYING PHYSIC DESCRIPTION OF THE PHYSIC DESCRIPTI	IAN: To the best of my knowledge, I: On the basis of examination end/	death occurred or investigation,	at the time, date of	and place, end due to	the cause(e) end man	ner se steted.	e) and manner as stated
TO BE CO	29b. SIGNATURE AND THE OF CERTIFIER	el Lerra	MX		29caLICENSE NUMBE	R	29d. DATE SIGNE	D (Manth Day Year)
-	MANUEL MANUEL	COMPLETED CAUSE OF DEATH (I	TEM 271 Type, Pr	14960	to Ba	ello Mit	201	3
(i)	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	LEL.	1			-	

			С					REG. NO			
_	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH D	NY_		3. TIME OF DEATH
	FERDINAND A KO	RFF						_6 1	.3	93	6:55 p
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH						8. BIRTHP	LACE (State or Foreign
	214-40-5907	1 € M 2 □ F	98	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 3-21-189	35	Country	MD.
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATI	ON OF OF			TY OF DE	
UINECTOR	CHURCH HOSPITA	AL			BALTIM						
2	10e, STATE 10b, COUN	TY		I soc CIT	Y, TOWN OR LOCA	TION					AND MININE CITY
	1470			100.011	i, iouri on Loca	TION .					10d. INSIDE CITY LIMITS?
-	MD.				BALTO						YES 2 NO
	100. STREET AND NUMBER 101 N. BOND	C.m.			10	1. ZIP COD			70-50		HAT COUNTRY?
-							2123		Į	J.S.	
н	MARITAL STATUS Never Married	FORCES?	YES 2 NAR OR DATES		If yes, sp	DENDENT (Decity Cube 3 2 NO	n, Mexica	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No	14. RACE Black, Specify	
-	15. DECEDENT'S ED		16a, Di	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BU	EINESS/IND	LISTEV	WHITE
	(Specify only highest grad		(0	ive kind of a	work done during me	ost of working	g	TOOL KIND OF BO	MITESSINIU	OSTRI	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)			CO	VTRO	L BEURE	U OI	FFO	OD CONT
3	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Middle, Maiden	Sumame)		
	LOUIS H. KORI	FF				El	AMN	C. DRAGE	R		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street			loute Number, City or Tow		Corde ³	
	JOHN K. BARBO	מד. מוזר									0.0.4
-		JON ON.	_			_	VAV	E. TOWSO			
1.1	20a, METHOD OF DISPOSITION 1 DA Burlai 2 Cremation 3 Ref	moval from State	20b. PLACE cemetery, cri	AND DATE	OF DISPOSITION (N.	ame of			CATION —		
- 11-	4 Donation 5 Other (Specify)		IMMA	NUE	LUTH.			6/17 E	BALTO	MD,	•
1	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22. NAME A	ND ADORE	SS OF FAC	HI ITV			
	HENRY W. JENKINS & SONS CO.										
-,-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other significant condition	d	death but not	resulting	in the underlyin	g cause (jiven in i	Part i. 24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINON MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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	25. WAS CASE REFERRED TO MEDICAL	T		-							
					26. P	LACE OF D	EATH (Che	ck only one)			
	EXAMINER?	HOSPITAL:	FR/Output		OTHER						
	EXAMINER?	1 Stationt 2			OTHER:	ne 5 🗆 Re		6 Other (Specify)	LI BURNI TO	NIDES.	
	EXAMINER? 1 YES 2 LING 27. MANNER OF DEATH	HOSPITAL: 1 Distribut 2 2 28s. DATE OF (Month, D	INJURY	28b. TIM	OTHERA 4 A Nursing Hon E OF 28c. IN. URY WO	IURY AT	sidence		NJURY OCC	URED	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIM INJ	4 D Nursing Hon E OF URY WO	IURY AT ORK?	sidence	6 Other (Specify)	NJURY OCC	CURED	
	EXAMINER? 1	28s. DATE OF (Month, D	INJURY lay, Year)	28b. TIM INJ	OTHERA 4 A Nursing Hon E OF 28c. IN. URY WO	IURY AT ORK?	sidence	8 Other (Specify) 28d. DESCRIBE HOW I			ute Number,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hitural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D	INJURY ay, Year) F INJURY — At he	28b. TIM INJ	4 D Nursing Hon E OF URY WO	IURY AT ORK?	sidence	6 Other (Specify) 28d. DESCRIBE HOW I			ute Number,
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	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Millural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF (Month, D 28a. PLACE C building, SICIAN: To the best of	INJURY Iny, Year) F INJURY — AI ho etc. (Specify) my knowledge, de	28b. TIM INJ	OT, HEDA 4 Driving Hon E OF 28c. IN. WY M 1 street, factory, office at the lime, dete	IURY AT DRK? YES 2 [NO NO and due	6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(s) and mailima, data and place, and	and Number	or Rural Ro	and menner as stated
	EXAMINER? 1	28a. DATE OF (Month, D 28a. PLACE C building, SICIAN: To the best of	INJURY Iny, Year) F INJURY — AI ho etc. (Specify) my knowledge, de	28b. TIM INJ	OT, HEDA 4 Driving Hon E OF 28c. IN. WY M 1 street, factory, office at the lime, dete	IURY AT DRK? YES 2 [NO and dus	6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(s) and mailima, data and place, and	and Number	or Rural Ro	
	EXAMINER? 1	28a. DATE OF (Month, D) 28a. PLACE C building, SICIAN: To the best of sER: On the basis of a	injury lay, Year) Finjury — Al ho etc. (Specify) my knowledge, de xamination and/or	28b. TIM INJ pme, farm, s	OT, HEDA 4 Driving Hon E OF 28c. IN. URY M 1	IURY AT DRK? YES 2 [NO NO and due	6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(s) and mailima, data and place, and	and Number	or Rural Ro	and menner as stated
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	27. MANNER OF DEATH 1	28e. DATE OF (Month, D) 28e. PLACE Of building, SICIAN: To the best of a	FINJURY Jay, Year) FINJURY — All ho etc. (Specify) my knowledge, de xamination and/or SE OF DEATH (ITE	28b. TIM INJ pme, farm, s	OT, HEDA 4 Driving Hon E OF 28c. IN. URY M 1	IURY AT DRIK? YES 2 Cee	NO NO NO NO NO NO NO NO NO NO NO NO NO N	8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(s) and mai tima, data and place, an	nner as state d due to the	or Rural Ro	and menner as stated
	EXAMINER? 1	28e. DATE OF (Month, D) 28e. PLACE Of building, SICIAN: To the best of a	injury lay, Year) Finjury — Al ho etc. (Specify) my knowledge, de xamination and/or	28b. TIM INJ pme, farm, s	OT, HEDA 4 Driving Hon E OF 28c. IN. URY M 1	IURY AT DRIK? YES 2 Cee	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(s) and mailima, data and place, and	nner as state d due to the	or Rural Ro	and menner as stated

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use the befilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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DIVISION OF VITAL RECORDS, P.O. BO)

H ATTENDING PRINCIPAL The Law majories that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECOR After this printicate was been signed by the antending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Panes 1.2.3	urs after centil with chart of the set Mental Myglene prior to burial, cremation, or removal.	m 28 is market, or wen 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DING PH	After this	death w	s marks
ATTEN	ECTOR-	Ě	82
TAL OR	AL DIR	72 hour	報用
TO THE HOSPITAL OF	TO THE FUNER	be filed within	IMPORTANT

the medical examiner must be notified at once,

should

93 17276 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 93ª LEVINE SETH)ANIEL A 11 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea DAYS **HOURS** 105 34 7946 1 5 M 2 | F 50 Aug 18 1942 New York Sa. FACILITY NAME (If not institution, give street end number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7310 Brookeville Rd. Chevy Chase Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? YES 2 NO Maryland Montgomery Chevy Chase FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7310 Brookeville Road 20815 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif was easelfy Cuban. Mexican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2. NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married COMPLETED BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Manager Consulting Firm 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Levine BE Bertha Turetzky 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) 2 Dianne Levine 7310 Brookeville Rd. Chevy Chase, Md. 20815 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State King David Mem. Grdn. 5/9 Falls Church, Va 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Home Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) DUE TO (OR AS A CONSEDUENCE OF): disease or condition resulting in death) INS FARN 7 CORONANY HYPENTENSIUL HEART DISEASE DUE TO (DR AS A CONSEDUENCE OF): 4RS BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 KNO COMPLETED

			1 TYES 2 NO
5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 C	OTHER:	6 Other (Specify)
7. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	b. TIME OF 100 28c. INJURY AT WORK? M 1 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO
3 Suicide 6 Could not I		farm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, Olty or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE DF CHITIFIER 29d. DATE SIGNED (Month, Day, Year)

29c LICENSE NUMBER

KENSINGTON

D08944

3720 FARLAGUZ AVK

141)

O la 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

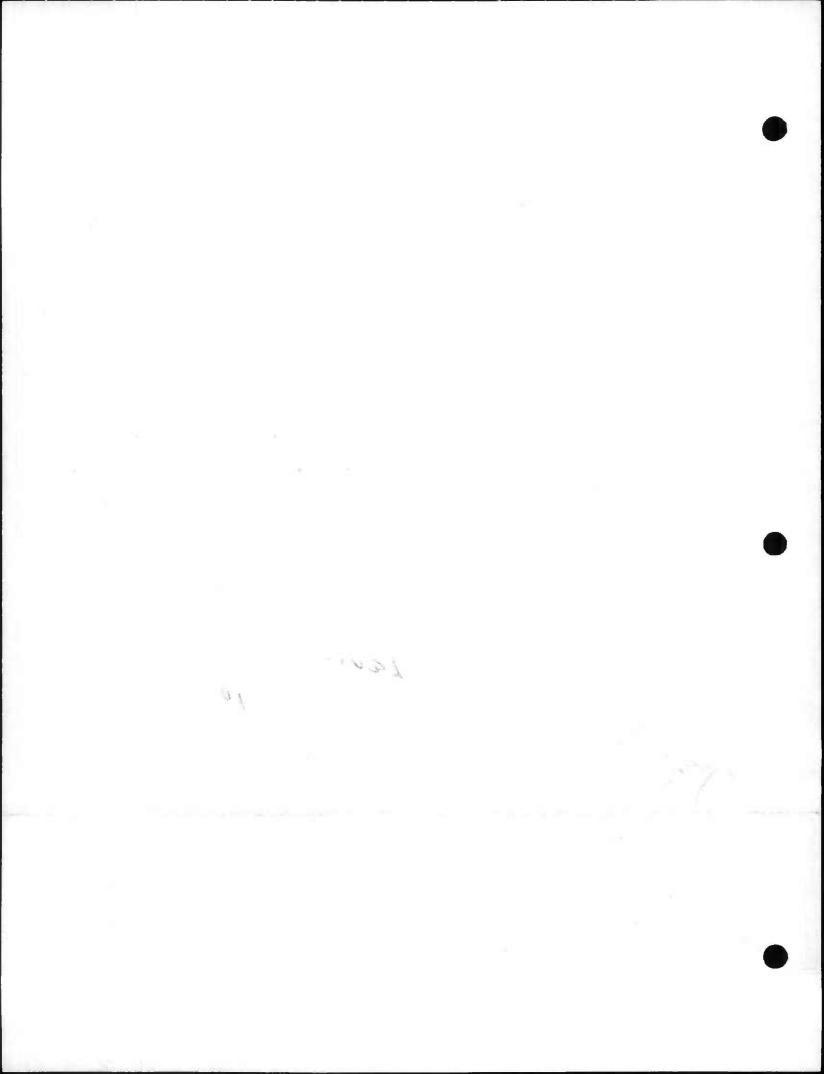
SANGEL MANIN 31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE a marine

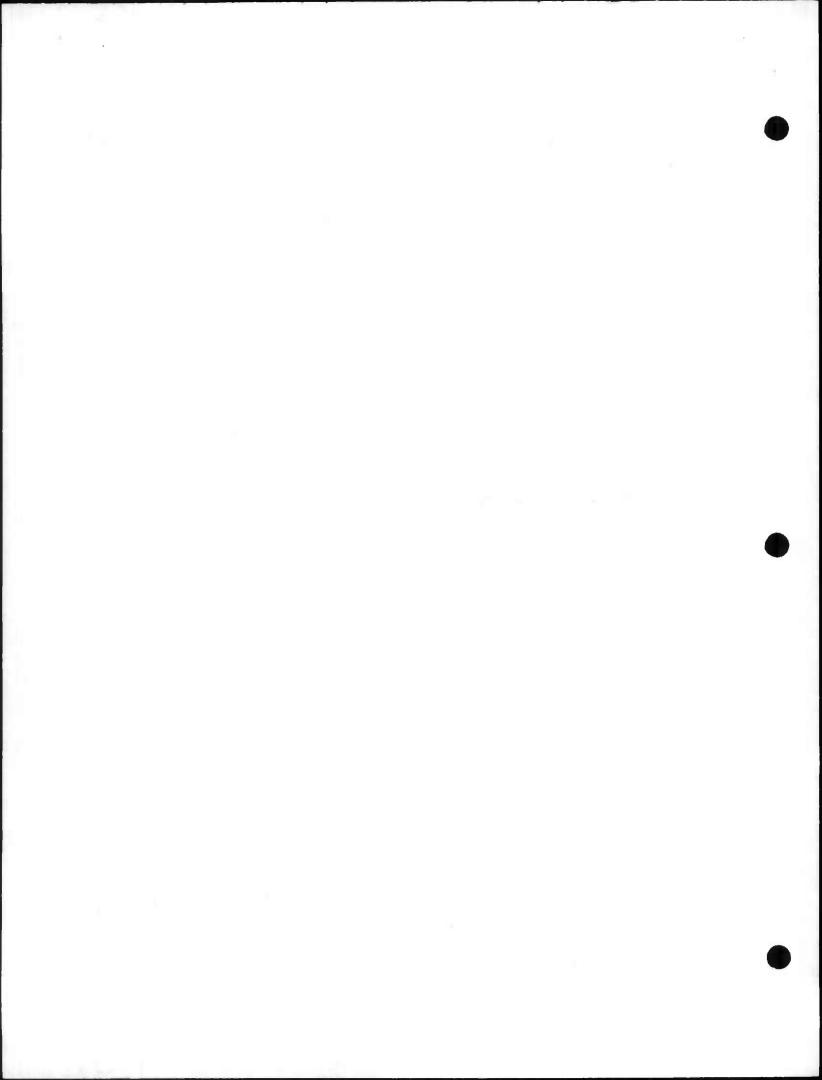
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO PIE FUNEDAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to burial, cremation, or removal.	INDUSTRIES IN III III 28 is marked or item 23 shows any injury or other fraumatic event the medical evantines must be nestitled at once
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	1 - STATE OF MARYI		MENT OF HEA		MENTAL HYGIEN	_	17211
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITORIUMBER 5. SEX 6. AGE	<i>a t</i>			Juna 11	1993	745 Pa "
	216 02 5620			OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	
	9a. FACILITY NAME (If not institution, give street and number)	36 YRS.	b. CITY, TOWN OR L	OCATION OF DE	7-28-1906	9c. COUNTY OF	ryland
e e	1915 Oak Dr.		Woodlaw	n		100 W	ore County
답	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	the CITY	TOWN OR LOCATION			Dazezin	
DIRECTOR	Maryland Baltimore		odlawn				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER		10f. ZIP	CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1915 Oak Dr.			21207	-	USA	
	11. MARITAL STATUS 1 Never Married 2 X Married FORCES? 1 YES	2 X NO	13. WAS DECEND	ENT OF HISPAN Cuban, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No- 14. RAC Bla	CE — American Indian, ck, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D	PATES		X NO Specify		Spe	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION	Lundhlan	16b. KIND OF BUS	INESS/INDUSTRY	WILLE
	Elementary/Secondary (0-12) College (1-4 or 5+)		k done during most of retired.)	working	61	1.5	
OMF	7th Grade 17. FATHER'S NAME (First, Middle, Last)	Order Fi		1407117010 1141	ME (First, Middle, Maiden :	land Dai	ry
	Corbin Glanville Longley				May Pottha		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A			oute Number, City or Town		
F	Mrs. Emily Jane Longley	1915 0	ak Drive	Balt	imore, MD	21207	
	20e. METHOD OF DISPOSITION 110 Buriel 2 Cremation 3 Removal from State	PLACE AND DATE OF	DISPOSITION (Name of place)	of	DATE 20c. LOC	CATION — City or T	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	preserve crematory or other programme Pa	122. NAME AND A	ery 6-1	4-93 Woo	odlawn, 1	MD
	> John K Aynes In		Loring I	Byers F	uneral Dir		
	23. PART I. Enter the diseasea, or complications that ceuse	d the deeth. Do not	enter the mode r	berty R	d. Randal	.lstown,	MD 21133
	ahock, or heart feilure. List only one ceuse on e IMMEDIATE CAUSE (Finel	ach line.		,	aa oatoto or reapii	owny arrest,	Interval Between Onset and Death
	disease or condition	or lands	S. Janes	0 15			
	DUE TO (OR AS	A CONSEQUÊNCE OF):	041011 65a	500	VS		
NO NO	Sequentially list conditions, DUE TO (OR AS	CONSEQUENCE OF:					
CAT	cause. Enter UNDERLYING	· · · · · · · · · · · · · · · · · · ·					
E	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	CONSEQUENCE OF):					
CERTIFICATION	d						
ابر	PART II. Other eignificent conditions contributing to deeth b	out not reculting in	the underlying ce	use given in f	Part I. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					1 YES 2	. /	COMPLETION OF CAUSE OF DEATH?
					_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEATH (Che	ck only one)		
PHYSICIAN:	EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Out		THER: Nursing Home 5	. /			
PHY	27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME (OF 28c. INJURY		28d. DESCRIBE HOW IN	JURY OCCURED	
B	1 Le Netural 5 Pending 2 Accident Investigation		M 1 TES	2 🗌 NO			
G	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY building, etc. (Spe	— At home, term, stra cify)	et, tectory, office		261. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,
3	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	lades death seemed					
COMPLET	(Check only one) 2 DMEDICAL EXAMINER: On the basis of examination						a) and menner as stated.
Δu	29b. SIGNATURE AND TITLE OF CERTIFIER			LICENSE NUM			O (Month, Day, Year)
0 8	Hay > Gelson Agnot, red 1 4 (EXAMPLE		0108		Jug	11,1907
	30. NAME AND ADDRESS OF MERSON IVHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	(int)				77
	31. DATE FILED (Mohth, Day, Year) 32/REGISTRAR'S SIGN	ATURE	THE ?	nog			
0	JUN 1 5 1993	10.000					



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILEO (Month, Day, Year)

93 17278 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH W. Lewis 6-9:45 7. DATE OF BIRTH (Month. Dec.) A SOCIAL SECURITY MUMBE 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign -22-0873 257 1 M 2 D F YRS. 8-25-2 as FACILITY NAME (If not instituti 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR MORE 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10c. CITY TOWN OR LOCATION 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 21 01 2 12. WAS DECEDENT EVERTÎN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Black, White, etc. 1 Never Married 2 1 1 | YES 2 | 9-NO Specify. 84 3 Widowed 4 Divorced 80 & SEAMA COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) AR Den be notified at once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle enre es elil BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural 2 N. 2122 LA 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION OATE - City, or Town, State 3 🗆 Re 4 Donation 5 Other (Specify) 6-12 examiner 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fund Home R. ANNINO Joseph Karles BAHO 263 54 21224 Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset and Death shock, or heart failure List only one cause on each line. IMMEDIATE CAUSE (Final 96 netostatic disease or condition Carcuma resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TES 2 NO 23 shows 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ig Home 5 Pasidence 8 Other (Specify) 4 Nurs 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) etts, rus. D21464 11-93 6-2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700, Print)
ROBERT LIBERTO, MD. 3508 BANK

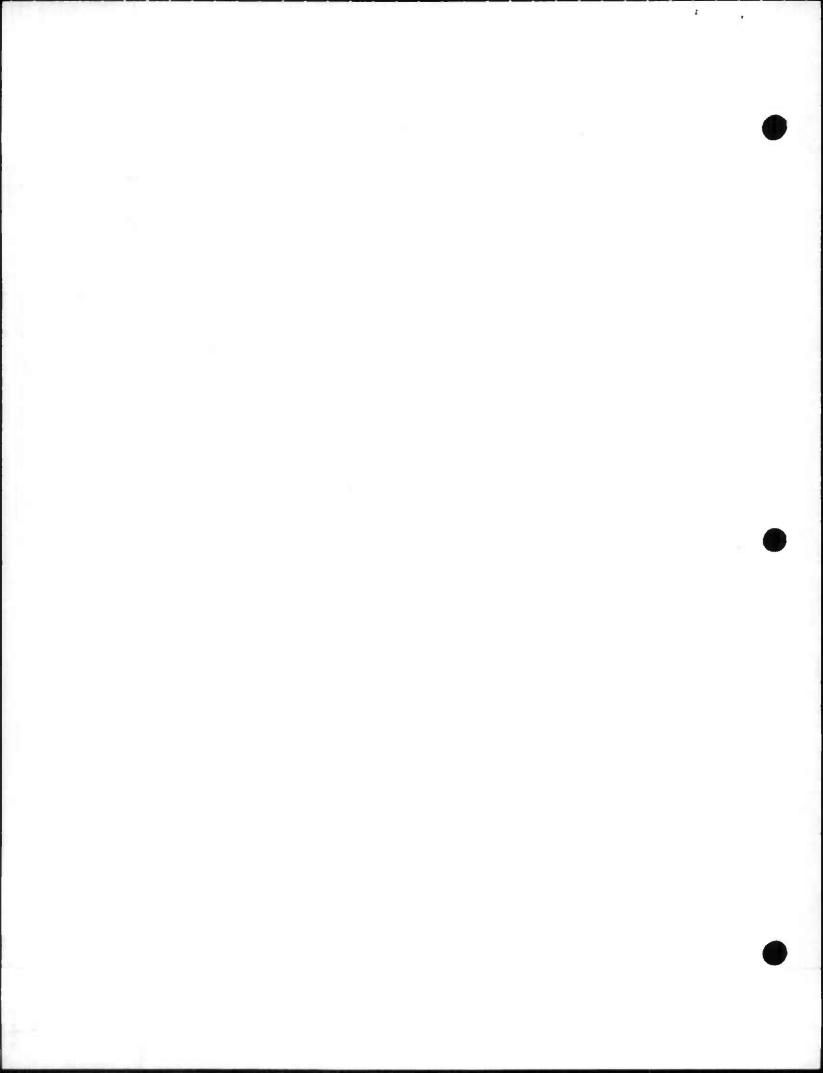
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Julie Beriden Bandon

32. REGISTRAR'S SIGNATURE

Balto

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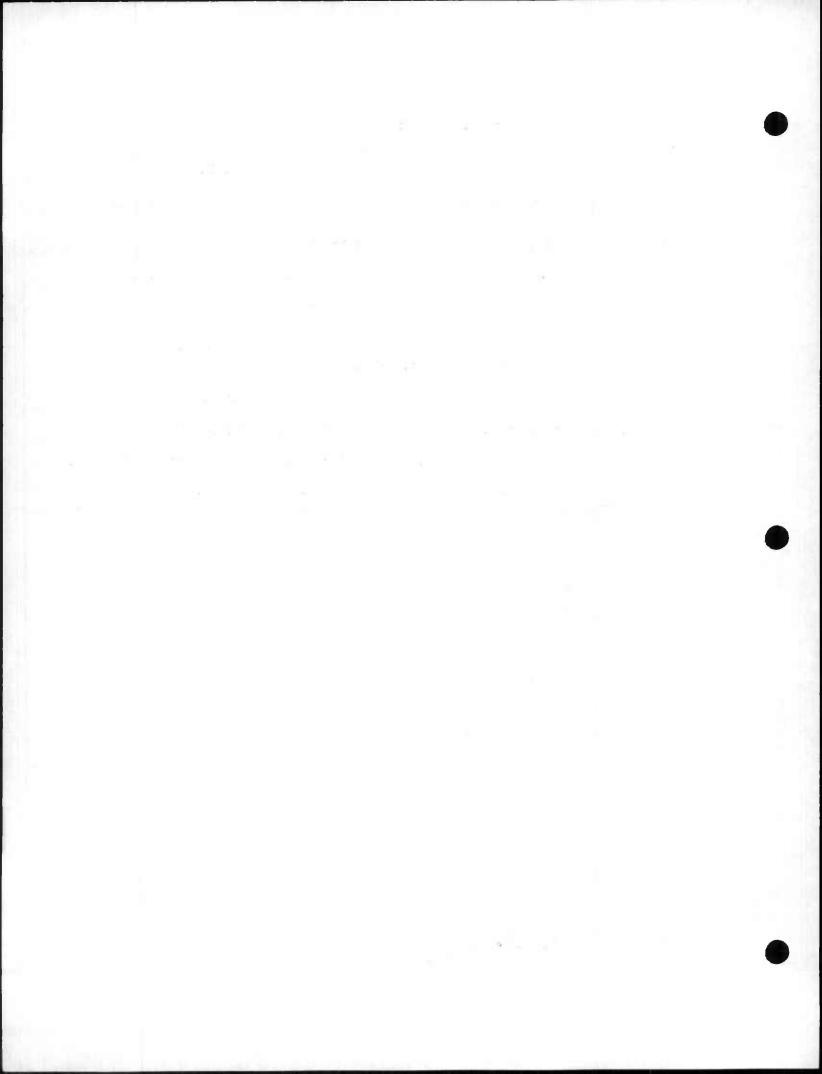
FOR

DIVISION OF VITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 06/12/93 3. TIME OF DEATH Wallace D. Lawrence WALLACE AWRENC 06 93 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year Nov. 3, 6. AGE (In yrs. last birthday) IF UNDER 24 HRS IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 056-12-0858 1,X M 2 | F DAYS HOURS New York VRS 1917 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR Howard County General Hospital Columbia Howard 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland
100. STREET AND NUMBER Howard Ellicott City 1 TYES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? bunial-transit U.S.A. 4805 Roundhill Rd. 21043 by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES use as the 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Specify only high 16b. KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) College (1-4 or 5 +) University of Maryland detached 4+ Accountant Hospital 17. FATNER'S NAME (First Middle Leet) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ŧ director, page 5 should be BE Oscar Lawrence Eva notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 4805 Roundhill Rd. Ellicott City, Md.21043 Mary C. Lawrence pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 4 Donation 5 Other (Specify) 6/15/93 Crestlawn Cemetery Marriotsville, MD. RAL BERVICE LICENSEE examiner 21. SIGNATURE OF FUNE 22. NAME AND ADDRESS OF FACILITY funeral after death. Leroy M. & Russell C. Witzke Funeral Home by the fi 1630 Edmondson Avenue Catonsville, Md. 21228 medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert fellule. Liet only one cause on each line. Approximata filled in I Intervel Batween Onset and Daath 5 IMMEDIATE CAUSE (Finel npletely fille cremation, the disease or condition certificate be executed within resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) in and comp to burial, c traumatic CERTIFICATION Sequentielly list conditions. attending physician ar If eny, landing to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury other (OR AS A CONSEQUENCE OF) that initiated eventa resulting in deeth) LAST 0 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death the atten Mental I certificate has been signed by the attern the State Dept. of Health and Mental d, or Item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing Name 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH with the 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation DIRECTOR: After the hours after death vitem 28 is mark BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 6 Could not be determined COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated. HUNERAL I 2 MEDICAL EXAMINER: On the basis ation and/or investigation, in my opinion, death occured at the time, data and ple No. of Street, BE 29d. DATE SIGNED (Month, Day. 2 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S COTT MAUREL 950 OLD ANN APOUTS RO ELLICOTT CITY 31, DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE 1993



P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. arked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		. / 0 0
	1. DECEOENT'S NAME (First, Middle, Last) Mahy Che	CHARLES	MABR	AY		2. DATE	OF DEATH 6 - 9	93 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 073 16 3663	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA		(Month	DF BIRTH , Day, Year) 16-16	_/_	THPLACE (State or Foreign
DIRECTOR	90. FACILITY NAME (# not institution, give s Sinai Hospita				NOR LOCATION OF	DEATH	9c.	COUNTY OF	DEATH
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c, C/1	Y, TOWN OR LO	CATION				10d. INSIDE CITY
	Maryland na			Balti	more				LIMITS?
3AL	10e. STREET AND NUMBER				101. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	4037 Belle A					215			
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	DECENDENT OF HISP apacify Cuban, Max ES 2 NO Spe	Ican, Puerto R	? (Specify Yea or No licen, etc.)	Ble	CE — American Indian, ck, Whita, atc. cclly:
	15, DECEDENT'S EDU-	CATION	16a, DECEDENT'S	USUAL OCCUP	ATION	16h	KIND OF BUSINESS	S/INDUSTRY	Black
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of We. Do NOT u	work done during se retired.)	most of working				
BE CON	17. FATHER'S NAME (First, Middle, Last)				ts. MOTHER'S I	NAME (First, M	liddle, Maiden Sumai	me)	
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Run	al Route Numb	er, City or Town, Stat	e, Zip Code)	
	20a. METHOD OF DISPOSITION 1	n state; re		other place)		OATE			
	21. SQUARE OF PUNERAL SERVICE LIC	10Vak	6/14/9	65	5₩.Balt	imore	St,Bal	to,MD	Board 21201
	23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that cause List only one cause on a	the death. Do i	not enter the	node of dying, so	uch es cerdi	ec or respiratory	y arrest,	Approximate Interval Between
	IMMEDIATE CALISE (Final	a. Right DUE TO (OR AS A		lobe	Pheum	nia			Onset and Deeth
_		DUE TO (OR AS A	CONSEQUENCE O	F):					
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
AL C	PART II. Other significant condition	s contributing to deeth b	ut not resulting	In the underly	ing ceuse given i	n Part I.	24a. WAS AN AUTOR	PSY 24	b. WERE AUTOPSY FINDINGS
MEDICA	Malmutr: +	nin					PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Dementia								1 TES 2 NO
AN	25. WAS CASE REFERENCE TO MEDICAL	ni,							
PHYSICIAN:	EXAMINER?	HOSPITAL:	etlant 2 DOA	OTHER:	PLACE OF OEATH (C				
H	27. MANNER OF GEATH	26s. OATE OF INJURY	26b. TIM	E OF 28c.	ome 5 Residence	_	(Specify) CRIBE HOW INJURY	OCCUREO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		WORK? YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Spec	— At home, term, siffy)	street, factory, of	fice	26t. LOCA City of	TION (Street and Nur Town, State)	mber or Rural	Route Number,
COMPLETED		CIAN: To the best of my know R: On the besis of examination							s) and manner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NI				O (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	6 - (0	ATH (ITEM 27) (Type,	Print)	R-01	, m		6/	1/1)
	31. DATE FILED (Month, Day, Year)	32. RECETRAR'S SIGN	ATURE - Roude	- N	pult	m		-	
	(a) 64 AM TO 126		,	condition.					

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BALTIMORE, MARYLAND 21215-0020

hours after death. Page 6 may be retained by the hospital or attending physician. executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR DORIS June 9, 1993 McMahon 1:00 PM Elizabeth 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. e. BIRTNPLACE (State or Foreign 1 M 2 F YRS. 214-16-2677 4-7-1921 Maryland Se. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany County Cumberland 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 24 FaradayDr, Lutherville, MD 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1 Baltimore Street 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: BY 3 CWidowed 4 Divorced use as the No White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high detached for Elementary/Secondary (0-12) College (1-4 or 5+) Civil Servant Social Sec Admin 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) funeral director, page 5 should be F C. William Mc Dermott Elesta Growden BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 James Ryland 24 Faraday Dr, Lutherville, MD21093 Pe 20e. METNOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 K Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEER On a medical examiner Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 6/10/93 655W.BaltimoreSt, Balto, MD 21201 anar been signed by the attending physician and completely filled in by the α of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or hasft fellure. Liet only one ceuse on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Dagth the disease or condition resulting in death) Morie brown 5 4a Cerbatis event, + Eug traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 | YES 2 | NO has bee PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State E EXAMINER? HOSPITAL: OTHER: 1 Tinpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence e 🗆 Other (Specify) 10 27. MANNER, OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED Is marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED DIRECTOR: 500 4 Homicide item 29e. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. TO THE HOSPITAL E
TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If is 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the ilms, date end place, end due to the cause(s) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE de 6 1 D 35481 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF (DEATH)(ITEM 27) (Type, Print)

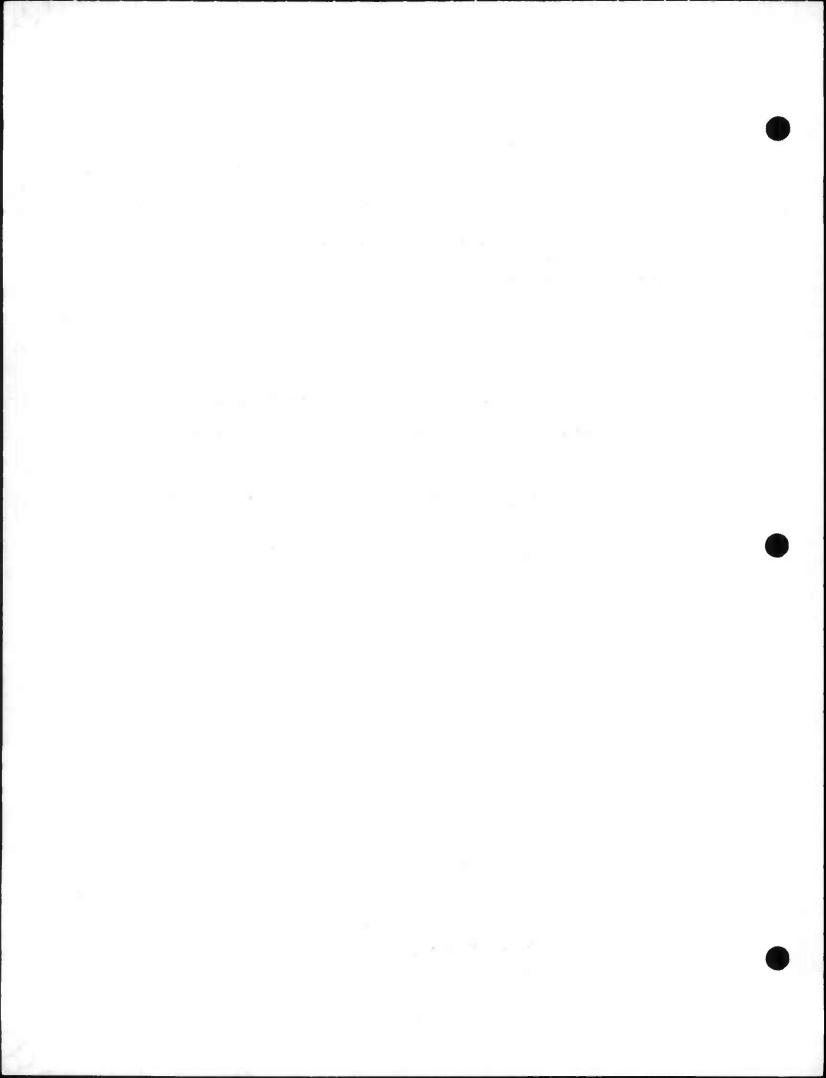
31. DATE FILED (Month, Day, Year)

JUN 15 1993

Mark Sagin, Memorial Hospital, Cumberland, MD

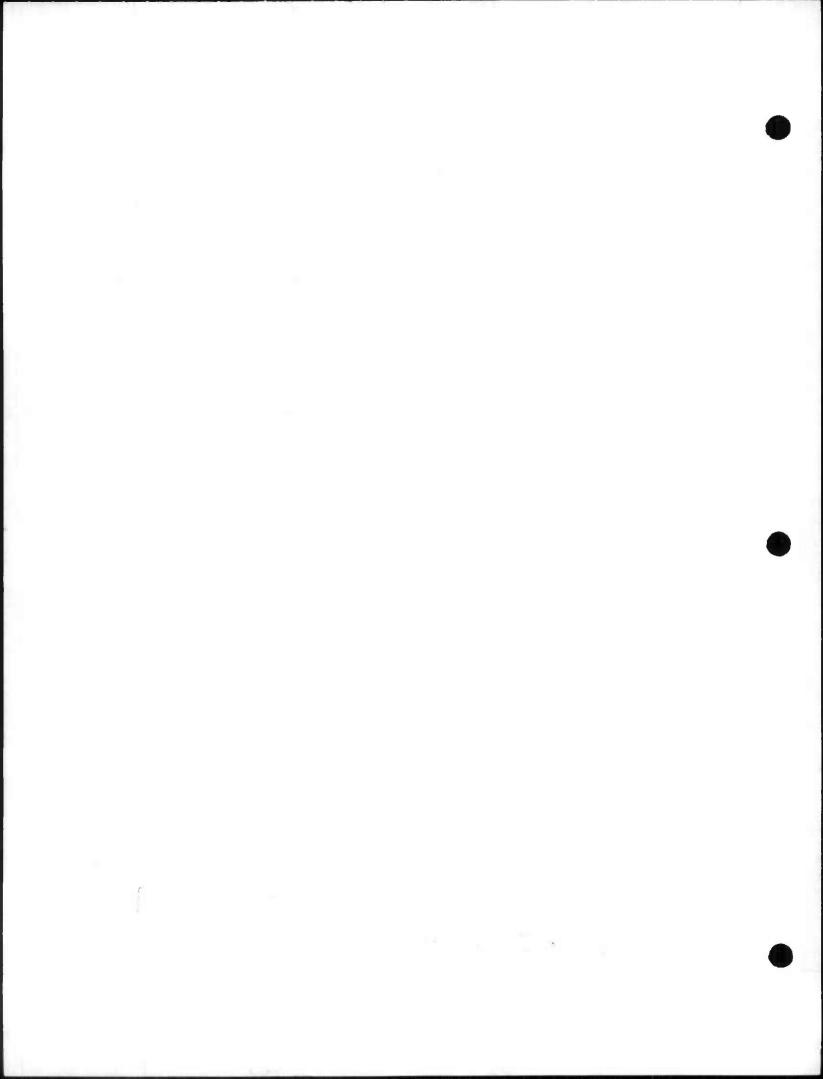
32. REQUESTIAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



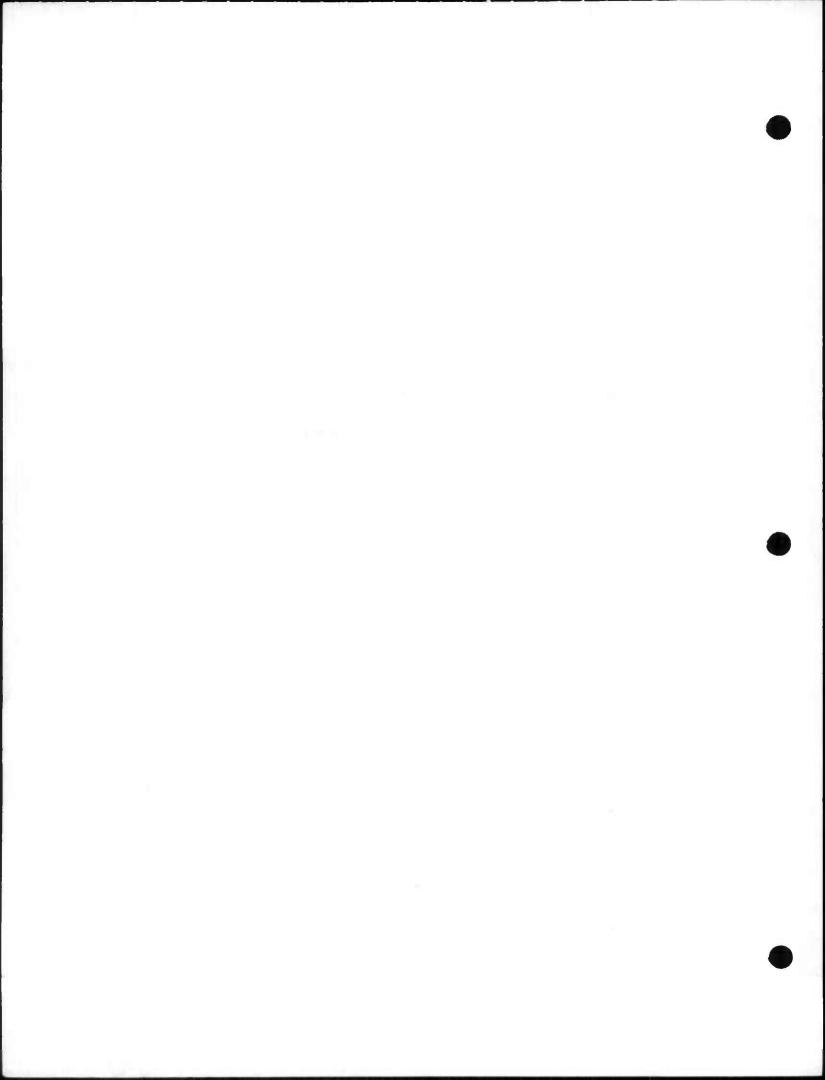
BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hosp	y the funeral director, page 5 should be detached	cal examiner must be notified at once.	
1 DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSHING PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Doot, of Health and Mental Hoviete nfor to burial, cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN		1 1 = 0 =
To Brown	1. DECEDENT'S NAME (First, Middle, Last) JUNIUS	MCNE	IL		b	2. DATE OF DEATH	y 199	3. TIME OF DEATN 6;10 P M
	4. SOCIAL SECURITY NUMBER 244–26–8456	1 XX M 2 □ F	n yrs. last birthday) 66 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-8-27	8.	BIRTNPLACE (State or Foreign Country) N.C.
TOR	9a. FACILITY NAME (If not institution, give s: THE JOHNS HOP RESIDENCE OF DECEMENT	KINS HOSPITAL			OR LOCATION OF D	EATH	BALT	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	1		town on Local	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1828 N. BROADWAY	Z			1. ZIP CODE 21213		U.S	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed MYDivorced	12. WAS DECEDENT EVER IN FORCES? 1 X WES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF NISPA Decify Cuben, Mexico 3 2 XNO Specif	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ly:		RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION compleme() College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use Disab	ork done during m retired.)	ON ost of working	16b, KIND OF BU	SINESS/INDUS	
COM	17. FATHER'S NAME (First, Mistrie, Leat)		Dibab	ica	18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
BE	Mack McNeil 18a. BHFORMANTS NAME (Typo/Pring)				Eva Be			
5	Mary Johnson		1828	N. Broa	dway/Bal	Aoute Number, City or Tow timore, Man	ryland	21213
	20a. METHOD OF DISPOSITION 1 ★ Burist # □ Cremation 2 □ Remot 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICE	ovel from State come	PLACE AND DATE Of the state of	Forest	Va Cemet	ery Ow:		or Town, State ills, Maryland
	· () aness	ROOM)	WM.C		.H./1101 E		
	23. PART I. Enter the disesses, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Dna cause Dn aa	ich lina.			th as cardiec or reapi	-	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	O aby	5e				130yr
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF					
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death bu	It not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
ΤΥS	1 VES 2 NO	1 Inpatient 2 ER/Outpa 25a. DATE OF INJURY		4 - Nursing Hon		6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	PRY WO	PURY AT DRK? YES 2 NO	28d. OEŞCRIBE NOW II	NJURY OCCUR	ED
TED BY	Accident Investigation Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Specif	— At home, farm, st	reet, factory, offic	4	261. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowle R: On the baels of examination	edge, death occurred	d at the fime, date	and place, and due	to the cause(a) and man	ner as stated,	suse(a) and manner as stated.
BE C	298. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER		GNEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH STEM AT ST	D-(-n)	422	OT	16	-12-93
	110 TOWER DO	COOK'S LOW!			BACT.	40		
3	31. DATE FILEO (Month, Day, Year) JUN 1 6 1993	32. IL GISTRAN'S SIGNA	the L					



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'n	the dea	日本	1 Mett	Injury,
5	報	d pe	暴動	No.
ALINION OF VITAL RECORDS, P.O. BOX 58/50,	TO THE NORTHAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNE MACRIME After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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		STATE REGISTRAR		STATE OF I	AARYL					DEAT		MENT/	AL HYGIEN REG. NO.	E '		17400
	ì	1. DECEDENT'S NAME (First,	Middle, Last)										E OF DEATH			3. TIME OF DEATH
		LARRY					MI	ТСН	ELL		0.6			93	1:36 PM	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE ((in yrs. lasi		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTH			IPLACE (State or Foreign	
	1	212-58-6187	1 X M 2 🗆 F		42	YRS.				3.7		nth, Day, Year) 0-8-50			″ MD	
œ	1	9a. FACILITY NAME (If not ins						9b. CITY	, TOWN C	R LOCATI	ON OF DE	EATH		9c. COUN	TY OF D	EATH
DIRECTOR		851 HILLMA	AN CO	URT.	T. BALTIMORE CITY.											
E	1	10a. STATE	10b. COUNTY					Y, TOWN		ION						10d. INSIDE CITY LIMITS?
		MD 10a. STREET AND NUMBER					Ba	altin								1 X YES 2 NO
FUNERAL		851 Hillman	Court						101	2120						WHAT COUNTRY?
S		11. MARITAL STATUS	COUL	12. WAS DECEDEN	T EVER #	N U.S. ARR	MED	13.	WAS DEC			HC OBIG	IN? (Specify Yes		S.A	
BY F	I	1 X Never Married 2		FORCES? 1 IF YES, GIVE W			0		If yes, spi	clfy Cube	n, Mexice	n, Puerto	Rican, etc.)	01 110	Black	E — Americen Indian, k, White, etc.
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12	ļ	Elementary/Secondary (0-1 10th	12)	College (1-4 or 5 -	•)		isab									
COMPL		17. FATHER'S NAME (First, Mid	ddle, Lest)			-				18. MOTI	IER'S NA	ME (First,	Middle, Melden	Surneme)		
BE		Noah Mitche								Luc	hile	Wo	oden			
2		19e. INFORMANT'S NAME (7)											nber, City or Town			
	ŀ	Erma Hatter			Tan						•/Ba		more, M			
		1X Buriel 2 Cremetion 4 Donation 5 Other (3 🗆 Remo	val from State	cem	PLACE A	netory or o	ther place!				DA		CATION — C	-	
	I	21. SIGNATURE OF FUNERAL		ENSEE	100	7	OLE			D ADDRES	SS OF FA	CILITY	bal	Limor	e,	Maryland
		N Non	.077	EK.		m	20	W	M.C.	MARC	HF.	H./	1101 E.	NORT	'H A	VENUE
	1	23. PART I. Enter the dis	leeses, or c	omplications the	Faused	the dea	ith. Do r	not enter	the mo	de of dyl	ng, suci	n aa cai	diac or respir	ratory arre	st,	Approximate
	ı	IMMEDIATE CAUSE (Fina	ert remure. L	ist only one ceu	se on ea	ach line.										Interval Between Onset and Death
		disease or condition resulting in deeth)	> .	/	Va	res	12	٢ .	13	to	ai c	at	02			
	1			DUE TO	(OR AS A	CONSEC	UENCE O	F):								
O.		Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A	CONSEQU	UENCE OI	j:								-
8	l	cause. Enter UNDERLYIN CAUSE (Disease or Injury	IG													
E		that initieted events resulting in death) LAST	1	DUE TO	(OR AS A	CONSEC	UENCE O	F):								
CERTIFICATION			d													
CAL		PART II. Other algnifican	t conditione	contributing to	death b	ut not re	sulting	n the un	deriying	ceuse g	iven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDIC	Ì										_		1 XYES 2			COMPLETION OF CAUSE OF DEATH?
																1 YES 2 NO
AN	ı	25. WAS CASE REFERRED TO	MEDICAL						20.04	ACE OF D	TATAL COL	-11				`
PHYSICIAN:		EXAMINER?		HOSPITAL:	ER/Outp	atlent 3	DOA	OTHER 4 Nue	٠.				er (Specify)			
첫	ļ	27. MANNER OF DEATH		28e. DATE OF (Month, Di	INJURY		28b. TIM		28c. INJU		siderice		SCRIBE HOW IN	JURY OCCU	JRED	
BY	i	1 Natural S P	ending vestigation	UN	_		W	KM	1 🗌 Y	ES 2	NO	Sul	rect.	Wiec	tec	drugs
	i	3 Suicide 8 C	ould not be	28e. PLACE Of building,	etc. (Spec	— At hom	ie, ferm, s	treet, fect	ory, office				CATION (Street e.	nd Number o	r Rural R	loute Number,
ET	H	-				14	シル	9				85	1 1/4	Uman	<u>ب</u> (Lourt
COMPLETED		(Check only	FYING PHYSIC	IAN: To the best of	my knowl	edge, deal	th occurre	d at the t	me, date	end place,	end due	to the ca	ruse(s) end men	ner as stated	d.) end menner ee stated.
	⊩		OF CERTIFIER	1					T				e and place, end			
BE		() as	0	Lock	e_	11	0			29c. LICE						(Month, Day, Year)
2	r	30. NAME AND ADDRESS OF		COMPLETED CAUS	E OF DEA	TH (ITEM	27) (Type,	Print)		<u></u>	C.M	• С		0.6) / I 4	2/1993
	L	JUARON	Lock	E, MD	111	l Pe	nn	Str	eet,	Ва	lti	nor	e, Mar	rylar	nd	21201
1-		31. DATE FILED (Magner, Day, 16	1993	32. REGISTRA					-							
18	II.	- 0	, ,,,,,,,,	1	-w1460	2	INCHE									



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIMISION OF VITAL RECORDS, P.O. BOX 68760,	ģ
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4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR DAYS 1 M 2 MF be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH TOWSON DIRECTOR 10c. CITY, TOWN OR LOCATION Md. Baltimore FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 4505 Harcourt Road 21214 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ntary/Secon ndary (0-12) College (1-4 or 5 +) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Alois Sittka Theresa Wehgatner BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pamela Roser 203 Dairy Road Parkton, Md. 21120 pe 20a. METHOD OF DISPOSITION
1 Deviate 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must "Most" Holly Redeether 6/15/93 4 ☐ Donation 5 ☐ Other (Specify) _ examiner 21. SIGNATURE OF FUNERAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACILITY James Leonard J. Ruck Inc. 5305 Harrford Road 21214 Elladory i signed by the attending physician and completely filled in by the i Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition cerebravascular traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL vascular shows any Colonal 7 has be Dept. 23 \$1 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL:
1 Sinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 10 the the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28 is marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO After t 2 Accident 28e. PLACE OF INJURY --- At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

One)

A SECURITY ING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER BE 본본교 223 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring)

32 BEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

1993

CERTIFICATE OF DEATH

owson

Ann S. Mannion

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 8:00A 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH BALTO 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE --- American Indian, Black, White, atc. Write 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION --- City or Town, State Baltimore, Md. Approximate Interval Batween **Onset and Death** 10 days 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month).

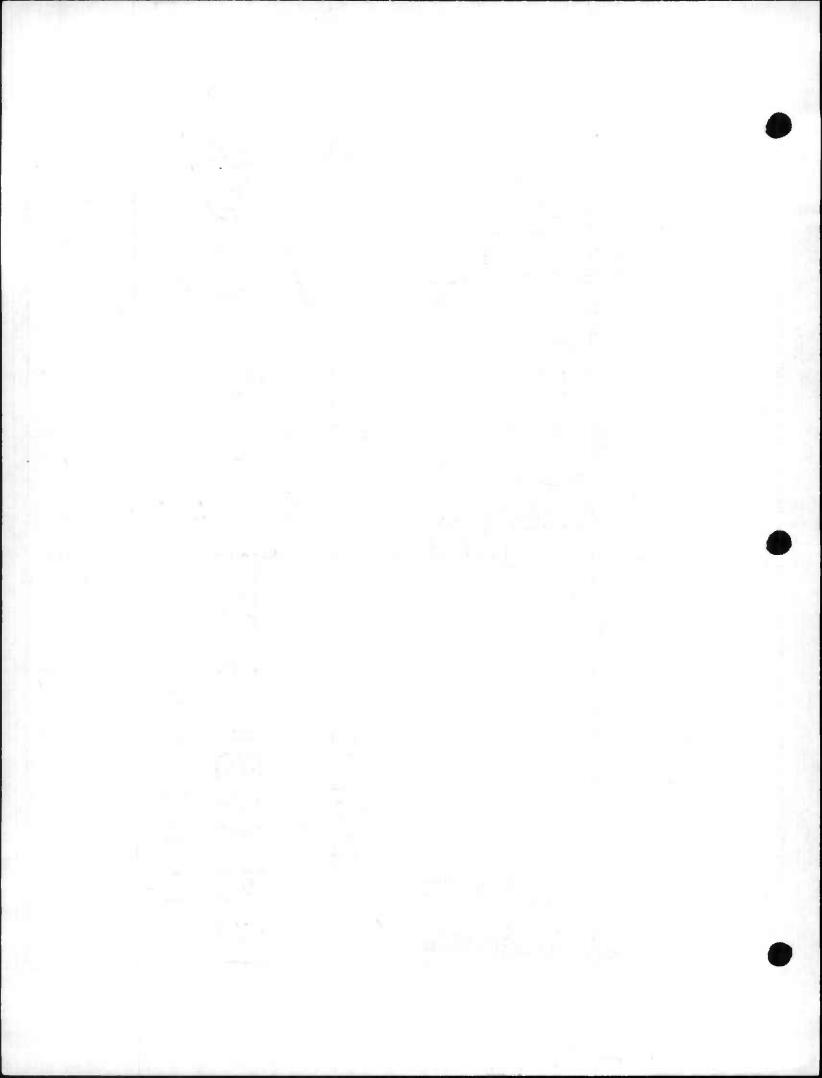
DHMH-16 Rev 1/89

RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	Communitations PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to be a specific to burial, cremation, or removal.	the second secon
BWISTON OF VITAL RECORDS, P.O. BOX 68760,	CORPORATEMBING PHYSICIAN: The law requires that the death c	. DIRECTOR: After this certificate has been signed by the attendi hours after death with the State Dept. of Health and Mental Hy	

TO THE HOSPITAL OFFICIAL DIRECTOR. After this certificate be accounted within 24 hours after death. Page 6 may be retained by the host. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

HEGISTHAH		CE	NIII	CALE	UF	DEATH	HEG.					
1. DECEDENT'S NAME (First, Middle, Last) Shirley K. Me:	isner						2. DATE OF DEATH	10°, 19	93 YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 103 01 3366	5. SEX		E (In yrs. lesi birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 4 YRS. MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Day, Yea	7. DATE OF BIRTH (Month, Dey, Yeer) Jan • 2,191 8. BIRTHPLACE (State or Foreign Country) New Yor				
9a. FACILITY NAME (If not institution, give				as CITY T	0401.0	OR LOCATION OF DE						
6503 Marjory							AIH					
RESIDENCE OF DECEDENT	Jane			Bethesda Montgomery						Jouera		
10a, STATE Maryland 10b. COUNT	ntgome	сy	10c. CITY B 6	r, TOWN OR Ethes	d a	TION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🐴 NO			
104. STREET AND NUMBER			101	, ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?				
6503 Marjory	5503 Marjory Lane					20817	7			States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	wer Married 2 Married FORCES? 1 YES 25					B DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— la. RACE — Am Black, White specify Cuben, Maxican, Puerto Rican, etc.) YES X No Specify: Caucas:						
15. OECEOENT'S EDU (Specify only highest grad	JCATION	18a. DE	CEDENT'S	USUAL OCC	UPATIO	ON	16b. KINO OF	BUSINESS/I	NOUSTRY			
Elamentary/Secondary (0-12)	College (1-4 or 5	+)		naker		at of working	Hom	9				
T		11	Omen	uakei								
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Ma	iden Surname)			
Louis Krieger							Mayer					
19a. INFORMANT'S NAME (Type/Print)		198				and Number or Rural I		Town, State,	Zip Code)			
Alfred Meisne:	r		San	ne ad	ldr	ess as	#10					
20a. METHOD OF DISPOSITION 1 ⊠ Burlal 2 □ Cremation 3 □ Rar 4 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE of cemelary K 1 D	and Date	or other place	Ме	(Name morial	6-13	Fa]		own, State Church, V		
21. SIGNATURE OF FUNERAL SERVICE L	CENTEE			22. N/	ME A	ND ADDRESS OF FA	CILITY					
· Mapel	10.					Ives-Pe	earson Church	Funer Va.	al 22	lomes 146		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	S. OUE TO	O (OR AS A CONSE			w	ng Ca	hcer			lyan		
Sequentielly list conditione, if eny, laading to immediata csuse. Enter UNDERLYING	OUE TO	OR AS A CONSE	OUENCE O	F):			9.1					
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								
	d											
PART II. Other significant condition	ns contributing to	o daeth but not i	resulting	In the und	arlyln	g ceuse givan in	PE	S AN AUTOPS RFORMED? ES 4 NO	SY 24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		LACE OF DEATH (Ch						
1 ☐ YES 2X NO	1 Inpatient 2	☐ ER/Outpatient 3	□ DOA	4 🗆 Nursir	ng Hon	ne 5 El Rasidence	8 - Other (Specify)				
27. MANNER OF DEATH A Matural 5 Pending a Coldent Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIM	IE OF 2	W	URY AT ORK? YES 2 NO	26d. DEŞCRIBE H	OW INJURY	OCCURED			
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fector	y, offic	ea .	28f. LOCATION (S City or Town,		ber or Rural	Route Number,		
ana)	SICIAN: To the best of									(a) and manner as stated		
296. SIGNATURE AND TITLE OF CERTIFI	ER H	mit			Ţ	29c. LICENSE NU	MBER		ATE SIGNE	D (Month, Day, Year) 93		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	USE OF DEATH (ITE			ves	stern A	ve., NW					
31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNATURE		_								
IIIN 1 5 1993	32. REGISTA	on-Mandale	L'									



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	2, 3 should	ithin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	
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STUDON'S UI	ely filled in t	nation, or re-	the made
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the death ce	the attendir	Mental Hyc	Imbreme Act o
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I: The law re	cate has bee	State Dept. c	Itam 22 al
TENDING PHYSICIAN: The law requires that the death cardificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician.	er this certifi	ith with the	tive at the manifest on them 99 wherea and fallens on added decreased the manifest around he madified at another
HUDIN	RECTOR: After	urs after dea	- 00 -
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN	Ε
		CE	ERTIFICATE	0	F DEAT	TH		REG. NO.	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.						
	RKOWITZ				THE OF DEATH	993 3. TIME OF DEATH 3:40 P M
577-10-3477	1 DLM 2 DF 80	YRS.	NTHS DAYS HOURS	MIN. M	TE OF BIRTH 10, 1912	8. BIRTHPLACE (State or Foreign Country) MARY LAND
9a. FACILITY NAME (If not institution, give stre BEDFORD COURT NURS RESIDENCE OF DECEDENT		91	SILVER		9c. CO	MONTGOMERY
10a. STATE 10b. COUNTY	GOMERY		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 XES 2 NO
108.00 PEBBLE BROOK	LANE		101. ZIP CO 20	854	10g. C	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT If yee, specify Cul 1 YES 2 N	en, Mexican, Puer	GIN? (Specify Yes or No— to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION ompleted) College (I-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in OWNER/O	done during most of wor stired.)	dng	166. KIND OF BUSINESS/III HARDW	
17. FATHER'S NAME (First, Middle, Last) ABRAHAM MARKOWITZ		OW/ILITY O	16. MO	THER'S NAME (FIR MARY GEN	st, Middle, Maiden Sumame	
19a. INFORMANT'S NAME (Type/Print) SIDNEY MARKOWITZ 20a. METHOD OF DISPOSITION 1 CKBurlel 2 Cremation 3 Charmon	val from State	10800 Pi	EBBLE BROO ON (Name of comotory, cr	K LANE,	20c. LOCATION	ARYLAND 20854 — City or Town, State
4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE Ornald	Ototte	lemyer		ESS OF FACILITY BREW MEN	ORIAL FUNE ET, NW, WA	MARYLAND RAL HOME, INC. SHINGTON, D.C.
23. PART I. Enter the diseases, or conshock, or heert feliure. Li IMMEDIATE CAUSE (Fine) disease or condition resulting in death) e.	et only one cause on ea	EUMON.		ying, such as o	ardiec or respiratory a	Approximate Interval Between Onest and Deeth
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	LUNG	CAN	CER	Morrott
PART II. Other significant conditions VV LYMY ALC STROKES	contributing to death b	ut not resulting in	the underlying cause	given in Part i	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 JUNE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 400
1 VES 2 NO	HOSPITAL:	etient 3 🗆 DOA 4	THEM: Hursing Home 5		Other (Specify)	
27. MANNER OF DEATH 1	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spec	28b. TIME (INJUR	M 1 YES 2	□ NO 26f. I	DESCRIBE HOW INJURY O	
and any	IAN: To the best of my know	ledge, death occurred		ce, and due to the	cause(a) and manner as s	stated.
296. SIGNATURE AND TITLE OF CERTIFIER	m	- w		CENSE NUMBER		Star 6/4/93
30. NAME AND ADDRESS OF PERSON WHAT	COMPLETED CAUSE OF DE	RIAICE	PHILIPD	R. 210	OWEY	WUS 20832

Approved Approved to the second secon

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending principles	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build complete from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy care.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 43 Nargaret Margaret M. Maurer Maurer 06 3:43 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Fo (Month, Day, Year) 06 24 1909 HOURS 83 212-40-4625 1 M 2X2 F YRS. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Mercy Hospital Center Balto.City, Md. RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY SHIMITS? Balto.City, Md. Maryland 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230 1121 William St. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES Y NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify.White 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) 6th.Grade College |1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Shea Frederick --- Schleich Margaret BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Mr.Melvin L.Maurer 20s. METHOD OF DISPOSITION
ALABURIAI 2 Cremation 3 Removal from State
4 Donation 5 Disposity) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State HOLY Cross Cemetery6/16/93 A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home, 130 E. Fort Ave 23. PART 1. Enter the disesses, or complications that daused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximeta shock, or heert feiture. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daeth disease or condition Ulmonary resulting in desth) OUE TO JOR AS A CONSCOUENCE OF MATTER BY MEDICAL EXAMINA Femeral CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Left Preumotherax. Right begarteral insufficiency 1 YES 2 NO OF DEATH? Metabolic acidosis Hypertensim 1 PYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 L'Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Ho 1 YES 2 PNO me 5 - Residence 6 - Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Ambulating at home without walker 28c. INJURY AT WORK? 1 Netural 5 Pending Investigati 7:15 PM 06-05-93 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Street, Baltimore, HD 1121 W. Llicem Street, Baltimore, HD 2.1230 3 Suicide ETED 6 Could not be 4 Homicide At home 29e. CERTIFIER
(Check only one)

29 MENCAL EXAMINED, On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. COMPLI 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) · andin M.D. DO6/12/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mauricio Concha Mercy Wedical Center, Baltimore, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

JIIN 1 5 1993

Pages 1, 2, 3 should

executed within

death

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31. DATE FILED (Month, Day, Year)

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	funeral di		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH P EMMA G. 93 MARSIGLIA 5:00 6 -4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 215-03-2219 1 - M 2 MF 78 YRS MARYLAND 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR HARBOR HOSPITAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TYES 2 X NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE IOG CITIZEN OF WHAT COUNTRY? 1411 OAKDALE ROAD 21060 U.S.A. 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. It yes, specify Cuban, Maxican, Puerto Ric 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ΒY Widowed 4 ☐ Olvorced WHITE COMPLETED 18a. DECECENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) SELF 15. OECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 6 EMPLOYED BEAUTICIAN BEAUTY SALON 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WALTER LESTER CARRIE FRANKLIN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LINDA G. BARBEE 1411 OAKDALE ROAD-GLEN BURNIE, MD. 21060 20s. METHOD OF DISPOSITION

↑ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE LAKEVIEW CEMETERY 6/16 SYKESVILLE, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SETTICE LIGGISSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases, or complice one that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death Metastatic disease or condition AdenoCarcinoma. resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO PSIS COMPLETION DF CAUSE 1 TYES 2 NO eli co penia 1 YES 2 NO N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 TES 2 NO OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide COMPLETED e Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide determined 29a. CERTIFIER (Chack only one)

One)

A DEPICAL EXAMINED ON INVALIDATION OF I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER KREE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER Resident K Reer 6-12-93 AS2441614-50 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Center .14 Reen Hospital Baltimore, MD 21295 Harbor

32. REGISTRAR'S SIGNATURE

4-80 TO BE

SAMBASIVA

		ITEM: 23 PART II, D	ELETED PER	MEO G-	702 8.	/12/93	t.t.	/s.w #	18 4	\$ E _ 5	121	12	3
		FOR (HIP FRACTURE)	TATE OF MARY	LAND /	DEPAR	TMENT (OF H	EALTH AND DEATH	MENTAL	HYGIEN	E # 5 # 9	3 1728	Q
	10	1. DECEDENT'S NAME (First, Middle, Last) EDITH J.	MOODY					Vo		OF DEATH		3. TIME OF DEATH	
ъ			SEX 6. AC	E (In yrs. lesi	YRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH i, Pay, Year) /2/12	8	BIRTHPLACE (State or Foreign Country), Arkansas)
2, 3 should	TOR	90. FACILITY NAME (II not institution, give street of Northwest Hospital	,					RLOCATION OF D	EATH /			timore	Т
ages 1,	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR						10d. INSIDE CITY	
rmit. P		Maryland 100. STREET AND NUMBER			Baltimore City					1 CX			
nsit pe	ERA	1450 Barrett Road	d		101. ZIP CODE 2 1 2 0 7							N OF WHAT COUNTRY?	
iding physician. s the burial-transit permit. Pages 1, 2,	BY FUNERAL	1 V Never Married 2 Married	WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF WW II	S 2 N	MED O	If y	res, spe	ENDENT OF HISPAL ocity Cuben, Mexico 2 X NO Specia	ecity: Specity:			D. RACE — American Indian, Black, White, etc. Specify: White	
or attending r use as the	ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N sleted)	16a. DE6	CEDENT'S ve kind of a Do NOT us	USUAL OCCL vork done duri re retired.)	UPATIO	N at of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	
ospital thed fo	COMPLE	Elementary/Secondary (0-12) Co	ivil S				Nation	al Hed	idquarters				
if by the hospital or attending to be detached for use as the d at once.	BE CON	17. FATHER'S NAME (First, Middle, Leet) Jack Moody 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edith Meyers											
retained 5 should notified	5	19a. INFORMANT'S NAME (Type/Print) Robert M. Berry						I a + i ma s		-		epagny, Franc	2.0
page t pe		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal		Ob. PLACE A	ND DATE	OF DISPOSITION	ON (Nar	ne of				y or Town, State	ie
age 6 may be director, page er must be		4 Donation 5 Other (Specify)		Carri	oll o	cremat	_			На	mpsted	id, Md.	
ter death. Pag the funeral di wal.		21. SIGNATURE OF FUNERAL SERVICE LICENSI	Powe	el				Funeral				erstown Rd. town, Md.211:	36
of within 24 hours after death. Page 6 may be retained by the hospital impletely filled in by the funeral director, page 5 should be detached to i, cremation, or removal.		23. PART I. Enter the diseases, or compshock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause or	each line.								Interval Between Onset and De	
8 6 4	Z	disease or condition and Metastatic Carcinoma of Lung, Liver, Advances, Lynthe Due to (or as a consequence of): Primary undertain mind notes Sequentially list conditions D. POST OBSTRUCTIVE PNEUMONIA											
cate be physician prior p	FIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A) BREAST DUE TO (OR A)	CA K	CINC	MA							
the death certifi the attending of Mental Hygien Injury, or oth	CERT	resulting in death) LAST											
that the deal ned by the ath th and Menta any Injury,	MEDICAL	PART ii. Other significant conditions co				n the unde	erlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS	
w requires the been signed at, of Health shows an		ABDOMINAL AOR	TIC ANE	EURYS	M				_			OF DEATH?	
has be Dept.	PHYSICIAN:	HYPER TENSION 25. WAS CASE REFERRED TO MEDICAL					26 PL	ACE OF DEATH (Ch	eck only on	a)			
SICIAN: The certificate he the State I. or Nem	SIC		SPITAL: Inpetient 2 - ER/O	utpatient 3	□ DOA	OTHER:		5 - Residence	,				
IG PHYSICI on this cor on with the	ву РН	27. MANNER OF DEATH 1 N Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		26b. TIM INJ	URY	Bc. INJL WOF		28d. DES	CRIBE HOW II	JURY OCCUI	RED	
ATTENDI	Eleo	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU building, etc. (S	RY — At hor pecify)	ne, farm, s	street, factory,	, office			ATION (Street a or Town, State)	nd Number or	Rural Route Number,	
E AN E	COMPLE	29s. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN:											ı.
THE HOSPI TO THE FUNER DE filed within	ш	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)	
E E E M	0 8	Surravas.	Physi'L	an				D429	62		▶ 06	112/93	

HOSPITAL,

Randall, Town

Phy Si' L'aw WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

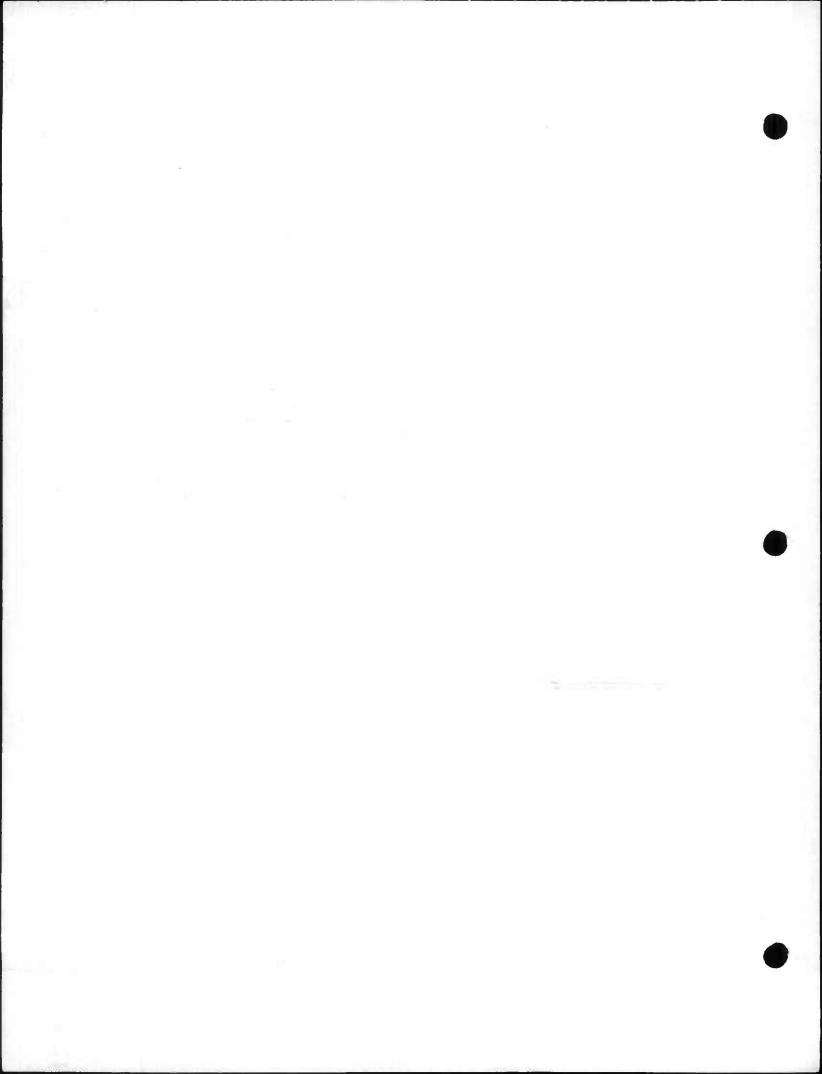
12. REGISTRAP'S SIGNATURE

NORTHWEST

SUKHAVASS

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Dey. **19**93 NR - 13936-



transit permit. Pages 1, 2, 3 should nours after death. Page 6 may be retained by the hospital of in by the funeral director, page 5 should be detached for filled in by the funeral director, ion, or removal. I completely filled urial, cremation, o HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and com 2 attending physician ntal Hygiene prior to the atter After this certificate has been signed by t death with the State Dept. of Health and i marked, or Item 23 shows any in FUNERAL DIRECTOR: A within 72 hours after de NTANT: If Itom 28 Is 6/9 TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTS DE filed within 72 hours at IMPORTANT: If Item 2:

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21

Once. 16 notified ; pe must medical examiner the traumatic event, or other Injury,

93 17290 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4. SOCIAL SECURITY NUMBER 2:17 P.M 06 1993 Manuel 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 MRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 2-18-1942 51 214-40-1411 1XXM 2 - F YRS. MD 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR University Hospital E.R. Baltimore City 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? PRESBURY STREET 21216 USA 2903 12. WAS DECEDENT EVER IN U.SVARMED FORCES? 1 YES 2/NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cubsn, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2/ 1 Never Married 2 Merried BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MATTIE SPRUILL ZACKARIAH MANUEL H 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ETHEL L. TAPLEY 2903 PRESBURY STREET BALTO. MD 21216 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State VC/Buriel 2 Cremation 3 Removal from State RTNG MEMORITAL PARK BALTO., MD 61693 21. SIGNATURE OF MINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MARCH FUNERAL HOME-WEST
4300 WABASH AVE. BALTO., MD 21215 23. PART I. Entar the diseases, or complications that caused tha death. Do not anter tha mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each lina. interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition 1005clensta resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSPOUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 1 Netural 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO 8 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide datermined 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 39h SHIFATINE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER H 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 06/12/1993 2

1000

Alon locke

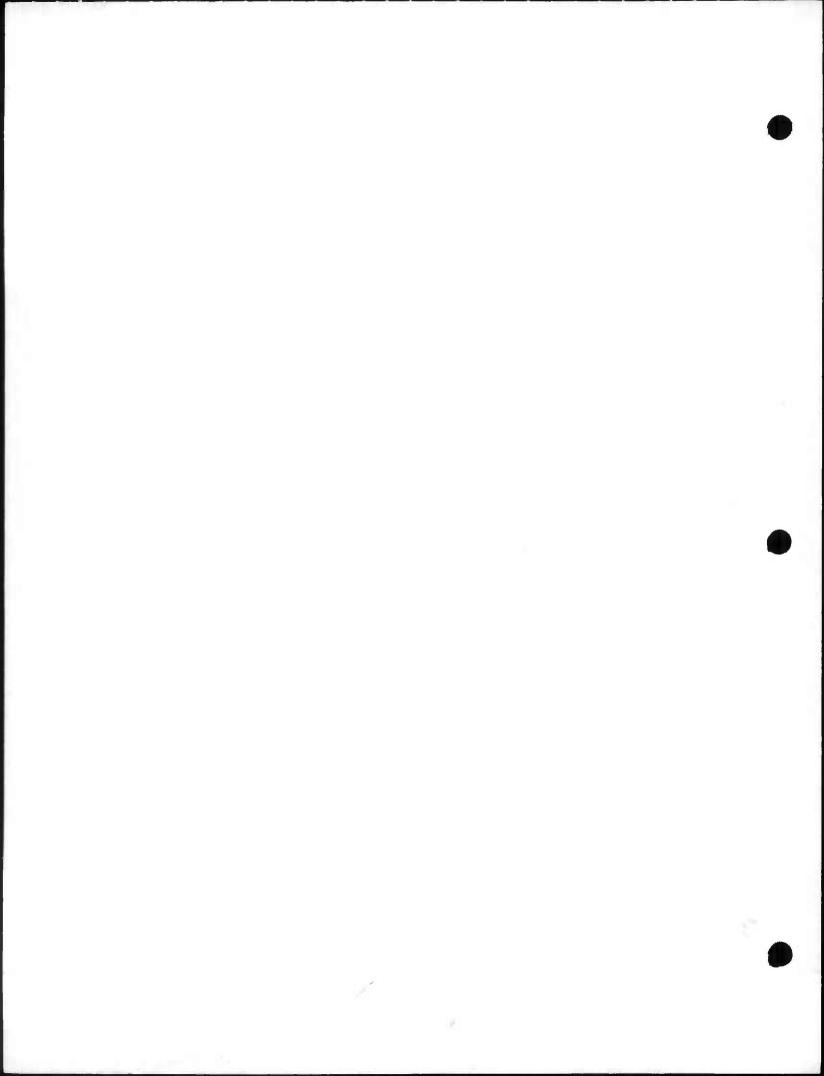
E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

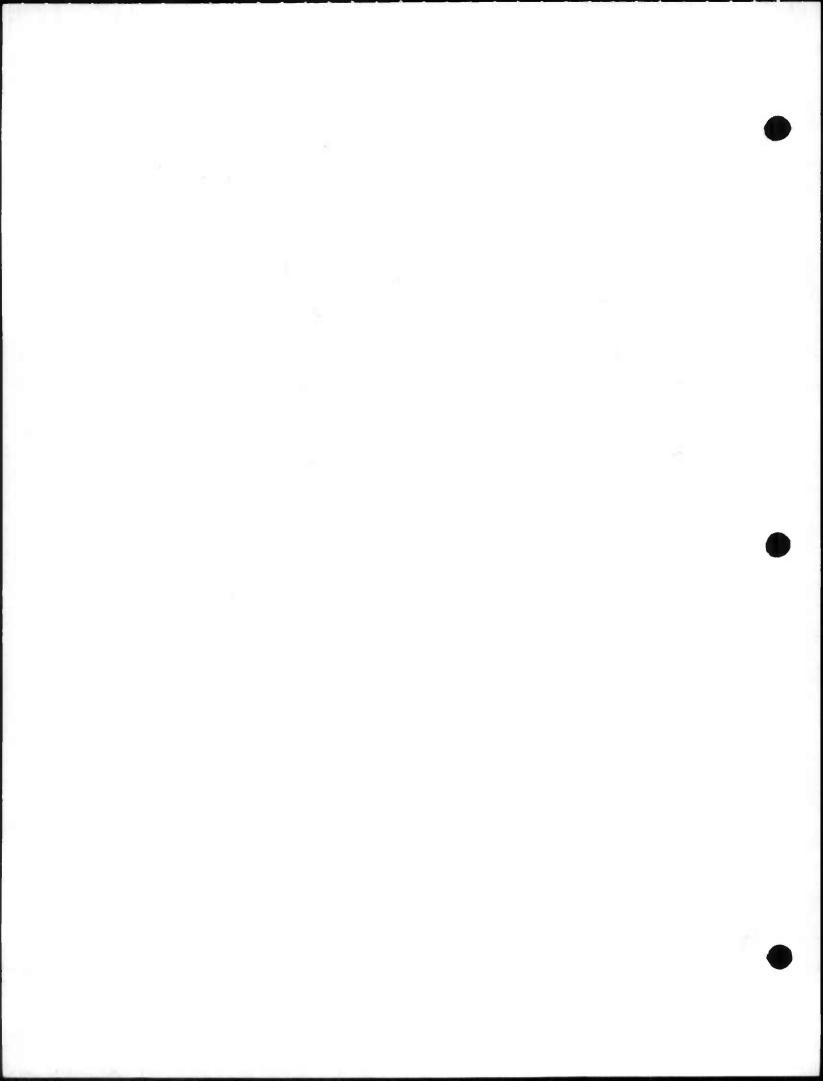
Penn Street, Baltimore, Maryland

DHMH-16 Rev 1/89



STATE OF MA	ARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	CERTIFICATE	OF DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H	IEALTH AND N	MENTAL HYGIEN REG. NO.		11231
	1. OECEDENT'S NAME (First, Middle, Last)	Hortense Ba	ss Mitchel	1	2. DATE OF DEATH DA	Ĭ 4 1 ′9 93	3. TIME OF DEATN
12 W.F	218-38-3025 9a. FACILITY NAME (If not institution, give sti	5. SEX 1 M 2 M F 59 eet and number)	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF OE.	7. DATE OF BIRTIN	3.4 8. BIRTI Count	IND
DIRECTOR	3835 Rolandview Roa		Baltimo		2 1/1	Sc. COUNTY OF	
OIRE	100. STATE 10b. COUNTY		Baltimore	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		rdview Roo	id	21213	5	10g. CITIZEN OF	
6	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		octy Cuben, Mexican		or No— 14. RAC Blac Spec	E — American Indian, k, White, etc. my: BIACK
PLETE	15. OECEDENT'S EDUC (Specify only highest grade of Elementary Segondary (0-12)	ompleted) (Give	COENT'S USUAL OCCUPATION find of work done during mo to NOT use retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
ed at	12 EATHER'S NAME (First, Middle, Last) 18a, INFORMANT'S NAME (Type/Print)	Bailey	MAILING ADDRESS Street	Jen	NE (First, Middle, Melden :	Wa	IKER
9	Claude L	Mitchel 1/39	DATE OF DISPOSITION (NO	andulei	Rd !	Salto,	MD 2121
Iner must	1 Squaries 2 Cremetion 3 Remo 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	at from State cemetary crems	22. NAME AN	Men. Pl	46/17/93 1	aurel,	mD
removal.	> Glady	Wanes	4300	F/H West Wabash Ave	enue		
cremation, or	23. PART i. Enter the diseesea, or conshock, or heert failure. L. IMMEDIATE CAUSE (Final diseese or condition resulting in death)	est only one cause on each line.	e Myela		aa cardlec or respir	ratory errest,	Approximata Interval Between Onset and Deat
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE					
of Health and hows any I	PART II. Other algnificant conditions	contributing to death but not rea	uiting in the underlying	ceuse given in F	Part i. 24a, WAS AN / PERFORI	MED?	WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State De Item 2		HOSPITAL:	OTHER:	ACE OF OEATN (Chec			
ked, o	27. MANNER OF DEATH 1 Natural 5 Pending		18b. TIME OF 28c. INJURY WO		26d. OESCRIBE HOW IN	IJURY OCCURED	
28 Is	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home building, atc. (Specify)			281. LOCATION (Street at City or Town, State)	nd Number or Rural F	doute Number,
# Ite	2 MEDICAL EXAMINER	AN: To the best of my knowledge, death On the basis of examination end/or invo) end manner as stated.
IMPORTANT: TO BE COL	299. BIGHATURE AND TITLE OF CERTIFUER CLOU'CLS 20. HAME AND ADDRESS OF PERSON WHO	Jaduttu	Py/Sypu. Print)	DISS	t6	► 6 4	Month, Day, Wary
	Charles Padgott	WD 5601 Lock	Ravey Bu	D., Bo	Otimore	, mp :	21239
	JUN 1 5 199	Julia Variet	,				

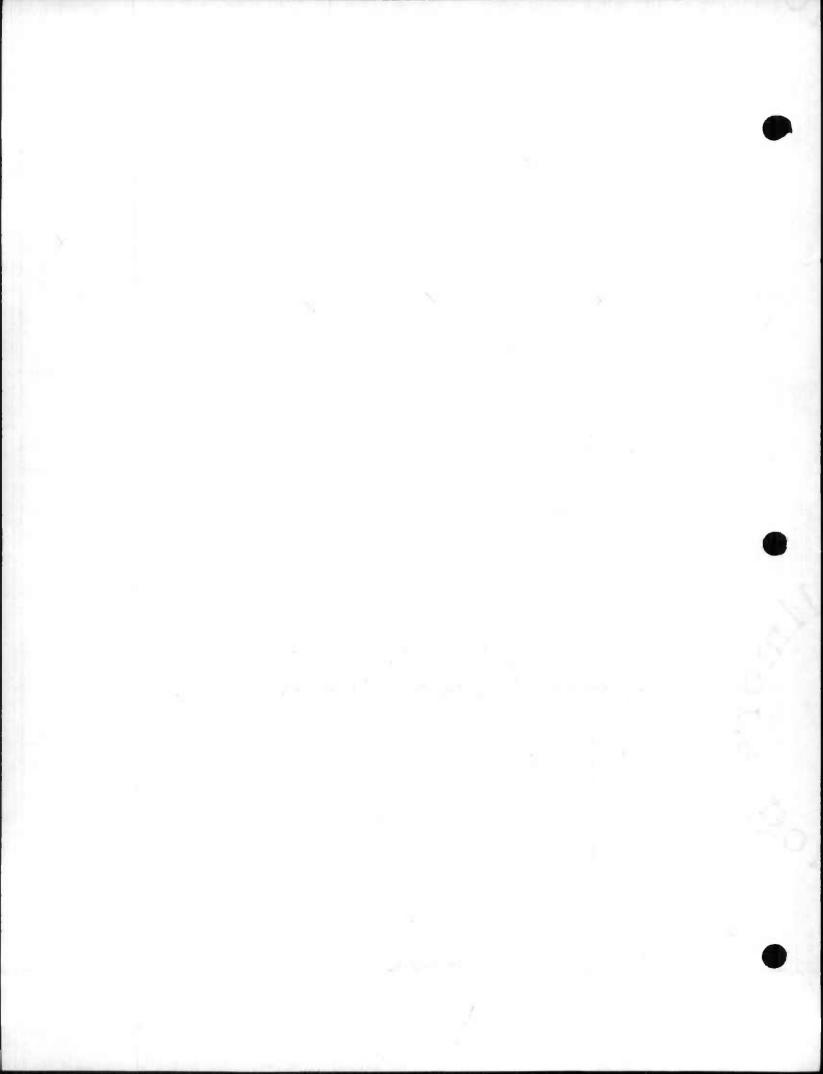


24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Onset and Death

02:30A M

		1, DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF D	FATH			3. TIME OF DEATH
		JERVIS			MARSH	ΔΤ.Τ.					HENOM	DA		AR	
		4. SOCIAL SECURITY NUM		5. SEX		rs. last birthday)	IC (IMOE	R 1 YEAR	E mine	R 24 HRS.	7. DATE OF B	08			02:30A
		2. 11 (SHIP) (SHIP)		1 M 2 F			MONTHS	DAYS	HOURS	MIN.	(Month, Day	(Year)	1.7	Countr	PLACE (State or Foreign
용		213-34-		7.	58	8 7113.					4-8-	35			BALTO.
3 should	-	9a. FACILITY NAME (If not is	nstitution, give si	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D	EATH		9c. COUNTY	OF D	EATH
2,	2	G.B.M.C.					T	OWS	SON				BAL	ТО	
55	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c CI	ry, town	OR LOC	ATION					1	40.4 141015 01714
регтіг. Pages	=					100.01					10d. INSIDE CI LIMITS?				
E.		MD.		BALTO.			UPP								1 YES 2 NO
2	FUNERAL							1	of. ZIP COD				10g. CITIZEN	OF W	HAT COUNTRY?
an.	=	3531 MT	. ZIO					\perp		1153			U.	S.	Α.
8	5	11. MARITAL STATUS 1 Never Married 2	Mambad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED	13.	II ves. a	CENDENT	OF HISPAI	ANIC ORIGIN? (Specify Yes or No — 14. RACE — A Black, Wh.			- American Indian, White, etc.	
0 3	B	3 Widowed 4 Dive		IF YES, GIVE W	AR OR DATE	DATES 1 TYES 2 NO Specific						, 0.0.,		Speci	y:
A 2 3					- 10										WHITE
NN	COMPLETED	(Specify on	EDENT'S EDUC ly highest grade	completed)	16	16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					166. KIN	O OF BUS	INESS/INDUST	RY	
0 E	1 5	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
AND the hospita detached	OMF	12				HORSI	S BK	EEL	_				RSE B	RE	EDER
A # #	5 3	17. FATHER'S NAME (First, A	,								LME (First, Middle	, Maiden S	Sumame)		
RYL ed by th	ed at			AL MARS	HALL				<u> </u>	FRAN	ICIS	BRO	VΝ		
Sho sain	TO BI	19a. INFORMANT'S NAME (Route Number, C				
n 8 9	9	THOMAS W	ASHBUI	RNE		120	Ε.	BAL	TO.	ST.	BALT	0.,1	MD. 2	12	02.
₩ 8 g		20a. METHOD OF DISPOSIT 1 Burial 2 Crematic	ION	muni from State	20b.PL	ACE AND DATE	OF DISPO	SITION	Vame of		DATE	20c. LOC	ATION — City	or To	wn, Stata
BALTIMOR ter death. Page 6 m the funeral director, wal.	T T	4 Donation 8 Other	(Specify)	oval from State	_ Cemeter S'I	ry, crematory or THC	MAS	CE	M.		6/11	OW:	INGS I	MI	LLS,MD.
LTIM ath. Page meral direc	examiner	21. SIGNATURE QE FUNERA	L SERVICE LIC	ENSEE	,				AND ADDRE						
ALT death.	E	1/1/0/	1	1		111					ENKIN				
B after or by the removal.	medical	23. PART I. Enter the d	car	19:10	ve	111		490	5 YC	ORK	RD. B.	ALT(MD :	21	212.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the se filed within 72 hours after death with the Stare Dept. of Health and Mental Hygene prior to burial, cremation, or entroda	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the n BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined	DUE TO DUE TO DUE TO d	(OR AS A CO (OR AS	INSEQUENCE (IN	OTHE 4 Number of the street, face	nderlyli 26. FR: reing Ho 28c. IN 1 U ttory, offi	PLACE OF Come 5 R	given in DEATH (Ch	Part I. 24a. 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAS AN PERFORI	JURY OCCURE AND AND AND AND AND AND AND AND AND AND	24b.	WERE AUTOPSY FINDING MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
228	1 P	30. NAME AND ADDRESS OF	F PERSON WHO	LFR	#22	- Lu	Print) Mes	ne	lle	Ku	210	93	. 6	/ 8	173
•		31. DATE FILEO (Month, Day:	1993	32. REGISTRA	R'S SIGNATU	RE PURPLE									DANAM 10 D



nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 use as the Þ page 5 should be detached director, the funeral filled in by the jon, or removal. certificate be executed within P.O. BOX 68760, burnal. 910 prior to DIVISION OF VITAL RECORDS,

burial-transit permit. Pages 1, 2, 3 should Ħ notified 2 must examiner medical ä other traumatic event, signed by the attending physician Health and Mertal Hygiene prior to Injury, or State Dept. of Health and I State Dept. of Health and I llerm 23 shows arry in OR ATTENDING PHYSICIAN: The law After this certificate for cleath with the State D is marked, or item

M DIRECTOR /

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them

MPORTANT: 11

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31. DATE FILED (Month, Day, Year)

14 1993

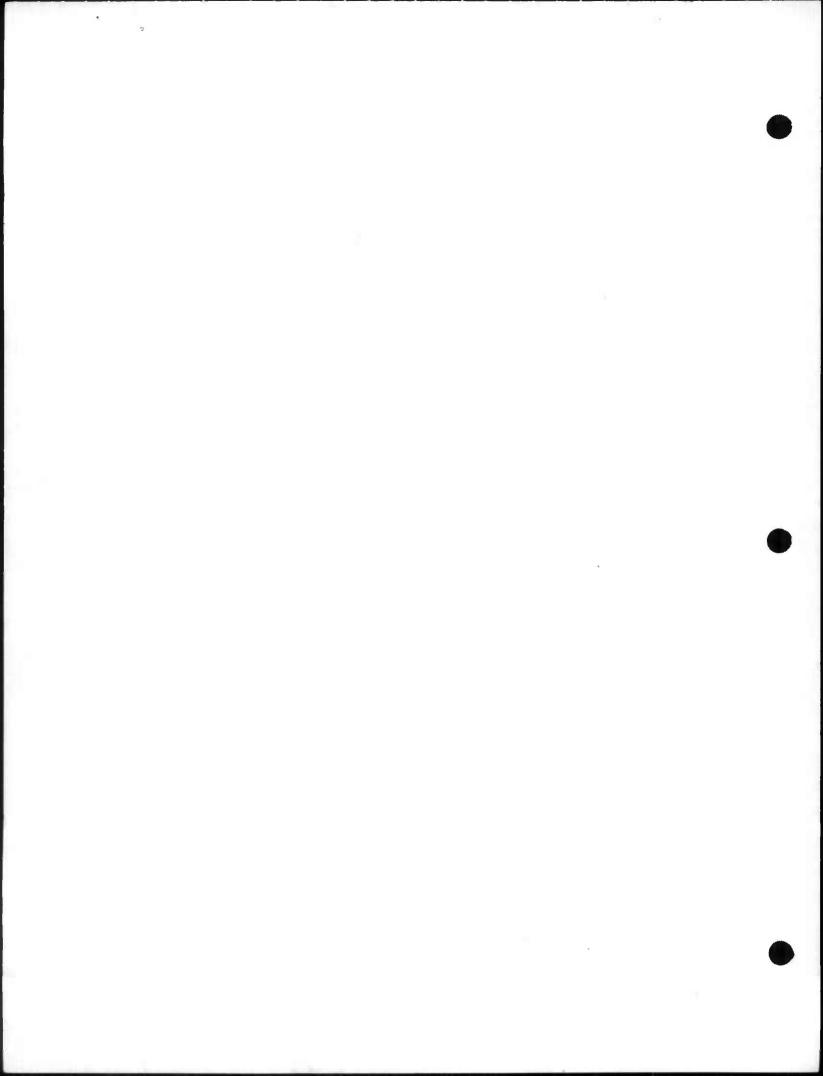
THE HEAR'S SIGNATURE

Junit.

Marstania mont

17293 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 6 HILTON MARCUCCI 19937:06 P 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yes, last birthday) IF UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year · Was Dr 24 YRS. 1969 New Se. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATH DIRECTOR HOPKINS HOSPITAL JOHNS BALTIMORE CITY RESIDENCE OF DECEDENT 16s. CITY, TOWN ON LOCATION 10s. STATE 10d. INSIDE CITY SRONX YES 2 1 NO FUNERAL tor - zie com WHAT COUNTRY? USA 12. WAS DECEDENT EVER IN U.S. AIMED FORCES? 1 YES 2 13. WAS DECEMBENT OF HISPANIC OFFICINY (Specify 14. RACE — American Indien, Black, White, etc. 1 Never Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3 Widowed WHITE COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do Not use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest p 2 (0-12) College (1-4 or 5+) ABORER BE 2 20b. PLACE AND DATE OF in 8 - Other (Specify) e diseases, or fications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate shock or heart failure, List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition MULTIPLE GUNSHOT WOUND resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 34a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AGAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? KXYES 2 NO TXXES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only to OTHER: 1 XYES 2 NO 1 ☐ Inpatient 2X XER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 | Natural TO YES 2 XX SUBJECT SHOT BY 1992 2 Accident 28s. PLACE OF INJURY -- At home, farm, street, factory, office 3 | Suicide COMPLETED 4 (V) Homicide . GREENMOUN 28s. CERTIFIER (Check only one) 25 MEDICAL EXAMINED: On the heat of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 SUGNATURE AND TITLE OF CENTURES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE OCME 1993 6 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

الملا Penn Street, Baltimore, Maryland



31. DATE FILEO (Month, Day, Year)

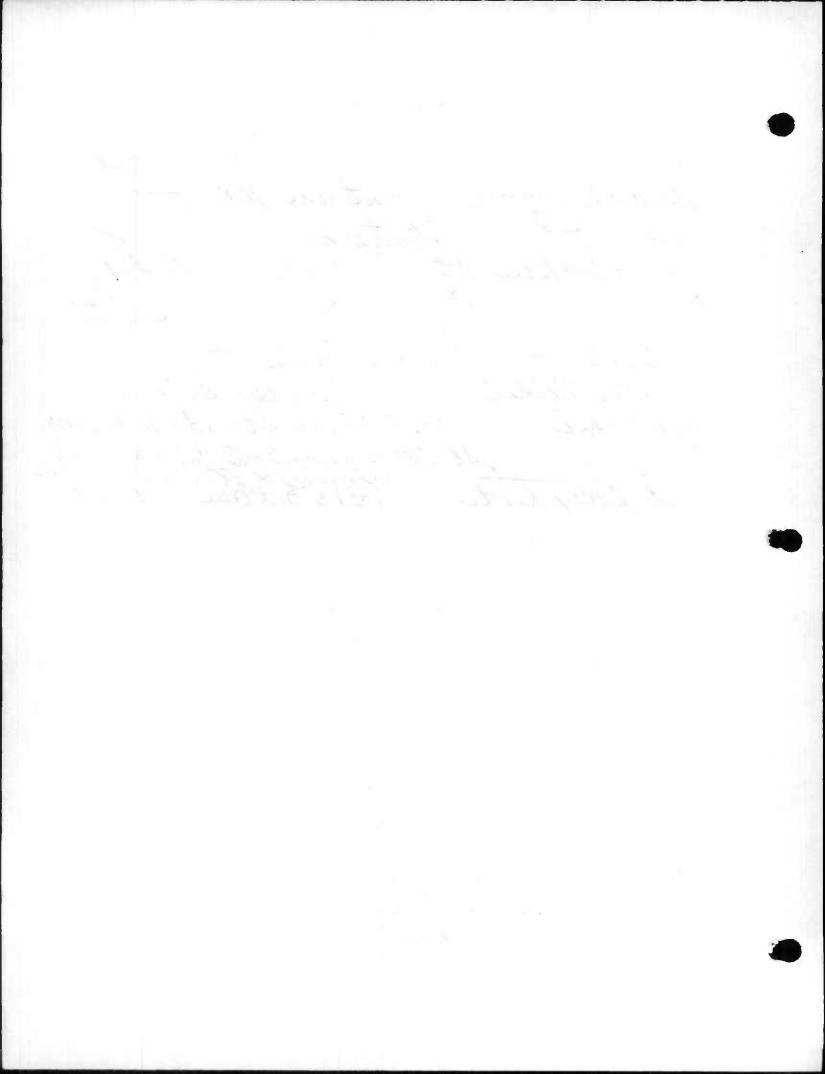
JUN 1 5

5 1993

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	20 1	163
	1. DECEDENT'S NAME (First, Middle, Last) Sophie Nicke	1		0	2. DATE OF DEATH PAY		of DEATH 5:05 a
-	4. SOCIAL SECURITY NUMBER 212-09-6302	and the second s	(In yrs. lest birthday) # u	NOER 1 YEAR # UNDER 24 HRS. THE DAYS HOUSE MIN.	7. DATE OF BIRTH 049/10/05/12	8. BIRTHPLACE (S	State or Foreign
2. 3 should	9a. FACILITY NAME (If not institution, gips a	uteet and number)	2.	CITY, TOWN OF LOCATION OF I	PAL. 9c. C.	OUNTY OF DEATH	
permit. Pages 1, 2, 3 AL DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 10	WN OF LOCATION		LIN	SIDE CITY
	100. STREET AND NUMBER	ksie,	st.	3123	0 6	CITIZEN OF WHAT CO	UNTRY?
BY the pa	11. MARTITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES NO Specify Cuban, Maxic		14. RACE — Amer Black, White, Specify:	rican Indian, atol
f for use as	15. DECEDENT'S EDU (Specify only highest grade Elementary/Segondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind al work of life. Do NOT use reti	lone during most of working	18b. KIND OF BUSINESS/	INOUSTRY	
at once.	17. FATHER'S NAME First, Middle, Last	Meiko O.	Mack	16. NOTHER'S N	IAME (First, Allichale, Malcher Carmerne	": On O.	1 2
5 should notified TO BI	198. INFORMANT'S NAME (Typo/Print)	0)	19b. MAILING ADD	RESS (Street and Number of Rura Likelle	I Route Number, City and See See	Zip Code)	21230
director, page er must be	264 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem Connection 6 Other (Specify)	oval from State	the State of Disposition	The of comotory, crometory of	emili 1/16	- City or Town, State	me
e funeral II. examin	21. SIGNATURE OF FUNERAL SIGNATURE LIK	Dol		HAVE AND ADDRESS OF F	nt due	es the	te.
or rem	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause on	aech line.		ch as cardiac or respiratory	In	pproximete iterval Betwee nset end Deat
tal, cremation.	disease or condition resulting in death)	OUE TO (OR AS	re Heart Fa				
	Sequentially list conditions, if any, leading to immediate	Ut	egurgitatio A CONSEQUENCE OF):	n			
I Hygiene prior to buria or other traumatic ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in daeth) LAST	OUE TO (OR AS	clerotic Ca A consequence of): Atrial Fibr	rdiovascular illation	Disease		
Injury.	PART II. Other algnificant condition	na contributing to death	but not reaulting in th	a underlying cause given i	PERFORMED?	AWAILAB	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE
has been signed is Dept. of Health a n 23 shows any IAN: MEDIC					1 □ YES 2 € NO		TH7 E\$ 2 □ NO
State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		26. PLACE OF DEATH (CHER: [Nursing Home 5 Residence			
eath with the State marked, or Item BY PHYSICI	27. MANNER OF DEATH 1 🚰 Natural 5 🗆 Pending	26a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? M 1 YES 2 NO	24d. DESCRIBE HOW INJURY	OCCURED	
28 is	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm, street	, factory, office	261. LOCATION (Street and Num City or Town, State)	iber or Rural Route Nun	nber,
AL DIRE 72 hours 1f Item MPLE					us to the cause(s) and manner as ne time, data and place, and dus t		nner an stated.
B 5 5	296. SMALTURE AND TITLE OF CERTIFIE	n D	ending Phys	29c LICENSE NI	UMBER 29d. I	06/15/9	Day, Year)
2 ≥ g ≥ D	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type, Print			225	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Harjit Singh, M.D. 5410-A Ritchie Highway Baltimore, Md. 21225

32. REGISTRAR'S SIGNATURE PONDER



BALTIMORE, MARYLAND 21215-0029

s pos	tach		iMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

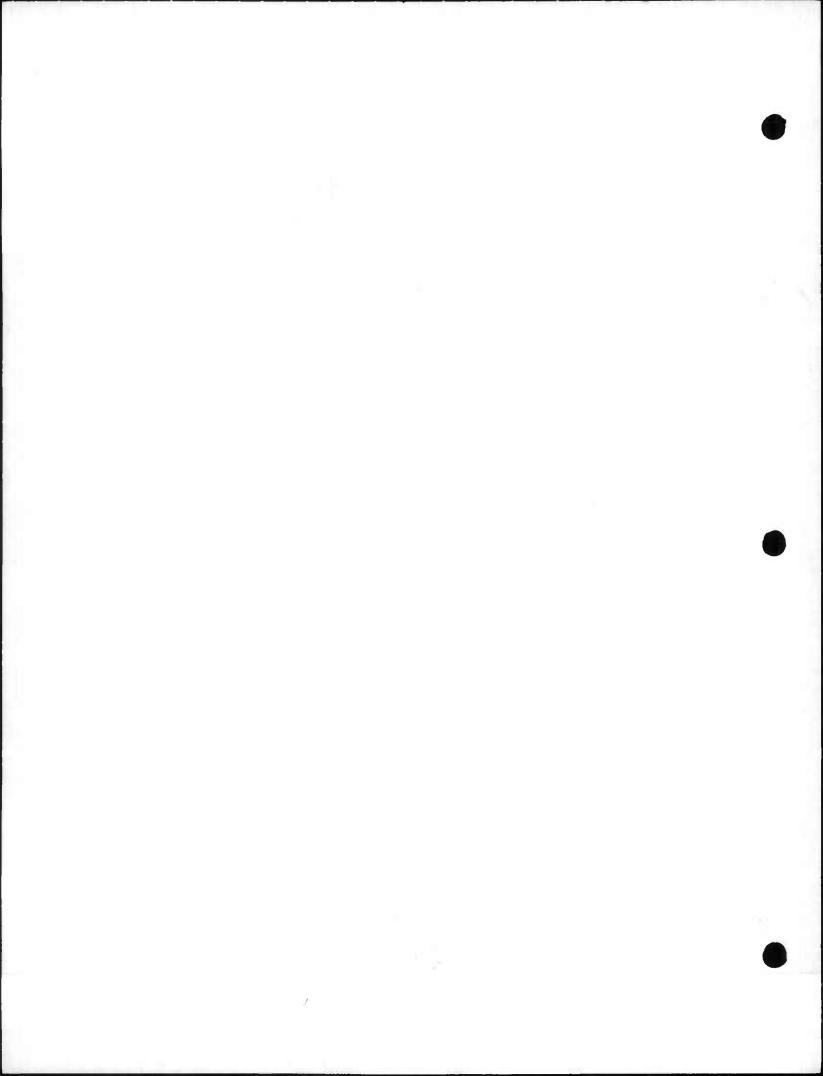
,		1						93	17295		
•		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.	E	i i too ar to		
		1. DECEDENT'S NAME (First, Middle, Last) Adolph		N	lemec		2. DATE OF DEATH DATE OF D	AY YE	3. TIME OF DEATH 93 EST 4:00 PM		
ple		4. SOCIAL SECURITY NUMBER 217 16 7479	1 X XM 2 □ F	(In yrs. lest birthday) 85 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1907	BIRTHPLACE (State or Foreign Country) Maryland		
Pages 1, 2, 3 should	TOR	94. FACILITY NAME (If not institution, give Meridian Nursi	ng Ctr. Hammo	onds Ln.		or Location of DE 1timore	ATH	Anne	of DEATH Arundel		
Pages 1	DIRECTOR	Baltimore Ba	ltimore City		Y, TOWN OR LOCA		ltimore		10d. INSIDE CITY LIMITS? YES 2 \(\text{N} \) NO		
	NEBAL	100. STREET AND NUMBER 4519 Pennington				r. ZIP CODE		Unite	of WHAT COUNTRY?		
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 (X)NO	If yes, sp	CENDENT OF HISPANI Decify Cuban, Mexican 3 2 X NO Specify:		RACE — American Indian, Black, White, atc. Specify: White			
ched for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	JCATION e completed) College (1-4 or 5 +)	life. Do NOT us	vork done durina me	ost of working	A.A.C		RY Schools		
id be detact	BE COI	17. FATNER'S NAME (First, Middle, Last) Anton		Nemec		18. MOTNER'S NAM Frances	NE (First, Middle, Maiden		ener.		
be notified	TO	Barbara J. Phare	es		ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Saint Victor St., Baltimore, MD 21225						
director, pa		20a. METHOD OF DISPOSITION 1 XI Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata cer	Metery crematory or of HOLY CYOS	s Cemet	ery 6/14	/93 Ba	cation - city Itimore	e, MD		
the funeral dir wal.		+ Steple 1) %	Gmm		237	E. Patap	ral Home o sco Ave.,	Baltin	oklyn nore, MD 21225		
in and completely filled in by the funeral director, page 5 should be detached to burial, cremation, or removal. Imatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata Interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):									
ng physician and co giene prior to burial other traumatic	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
Hy Hy	CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	7):						
certificate has been signed by the att of the State Dept, of Health and Menta I, or item 23 shows any injury,	MEDICAL	PART II. Other algnificant condition Multibacto		but not resulting in	•	g cauae given in P	Part i. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
cate has be State Dept.	ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Chec	ck only one)				
After this certific death with the S s marked, or	/ PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Miturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 28b. TIME	E OF 28c. INJ	NO 5 Residence 8	Other (Specify) 28d. OESCRIBE NOW IN	JURY OCCURE	:D		
after 28	тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, farm, strictly)		111	28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,		
보이는	COMPLET	290. CERTIFIER 1 CERTIFYING PNYSI (Check only one)	ICIAN: To the best of my know	viedge, death occurre	d at the time, data	and place, end due to	o the cause(e) end man	ner es atated,	use(e) end manner es stated.		
TO THE FUNERA De filed within 7 IMPORTANT: I	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	end	EATN (ITEM 27) Type,	Print)	29c, LICENSE NUME	9 4 4 Y	29d. OATE SIG	NEO (Month, Day, Year) - 14-93		
5		31. DATE FILED (Month, Day, Year) JUN 1 5 1993	32. REGISTRAR'S SIGN								

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	Margaret A.	Nelson			6 10		2 20 "	
		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign	
	216-46-3574 1 M 2 X F 8		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	untry)	
	210 40 3374	3 1113.					ryland	
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	F DEATH				
0	Broadmead		Cockeysville Baltimore					
ទួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100 007	Y, TOWN OR LOCA	FION				
DIRECTOR							10d. INSIDE CITY LIMITS?	
	Maryland Baltimore	Co	ckeysvi				1 YES 2 NO	
≅	10e. STREET AND NUMBER		10	, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	13801 York Road	100	- 1	21030		USA	1	
5	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ver	or No- 14. R	ACE — American Indian,	
	IF YES, GIVE WAR OR	DATES		3 2 💢 NO Specify	n, Puerto Rican, etc.)		lack, White, etc.	
BY	3 X Widowed 4 Divorced						White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATE		16b. KIND OF BU	SINESS/INDUSTR	Y	
Щ	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT us	se retired.)	ist of working				
릴	12 YEARS	HOUS	EWIFE		OW	N HOM	E	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	Ronald T. A bercrombe			Jennie	Scott Wat	ers		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or Tow			
임	RONALD W.NELSON (SON)	4			ANE, TOWS			
	THE RELEASE OF THE PROPERTY OF THE PARTY OF	0b. PLACE AND DATE				CATION — City of		
	1 Burial XX Cremation 3 Removal from State	emetery, cremetory or o	ther place)			2311 112		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEF	FREEN MO	UNT CR	EMATORY ND ADDRESS OF FA	6-11 BA	LTO.,M	D. 21202	
- 1					W. JENKI	MC C C	ONC	
	P. A. Rutt.				OAD, BALT			
	23. PART I. Enter the diseases, or complications that ceus	ed the death. Do i					Approximate	
- 1	shock, or heart failure. List only one cause on	each line.				,	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition D/ < T	1771-0	211 1	= 1 1 1	ID r		Onset and Death	
ı	resulting in death) a.	IRATO.	Ry F	FAILL	KE_			
	DUE TO (OR AS	A CONSEQUENCE O	F): /					
S I	Sequentielly list conditions, b.	PP						
Ě	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF		117-	7/2:1	1		
CERTIFICATION	CAUSE (Disease or injury	A CONSEQUENCE OF	HEI	15/	DISEA	SE		
ŧ∥	that initiated events resulting in death) LAST	A CONSEQUENCE OF	F):					
#	d. Off							
	PART ii. Other significent conditions contributing to deeth	but not resulting	in the underivin	a ceuse alven in	Part I. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS	
MEDICAL					PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE	
ਨ I					1 □ YE9X2	X NO	OF DEATH?	
Σ							1 TYES 2 NO	
z I								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
्ट	1 YES NO 1 Inpatient 2 ER/Ou	stpatient 3 DOA	OTHER!	ne 5 🗆 Residence	6 Other (Specify)			
둦	27. MANNEB OF DEATH 26s. DATE OF INJURY (Month, Day, Year		E OF 28c. IN.	IURY AT	28d. DEŞCRIBE HOW I	NJURY OCCURED		
8	X Netural 5 Pending	′		YES 2 NO				
	3 Suicide 28e. PLACE OF INJUI	RY — At home, farm,	street, factory, offic		281. LOCATION (Street I	and Number or Rui	ral Route Number,	
Ξ.	4 Homicide determined building, etc. (Sc	овспу)			City or Town, State)			
COMPLETED	29a. CERTIFIER							
<u> </u>	(Check only CERTIFYING PHYSICIAN: To the best of my kno							
ᅙᆙ	2 MEDICAL EXAMINER: On the basis of examinat	lon and/or investigation	on, in my opinion, o	leath occured at the	time, date and place, an	d due to the caus	e(s) and menner as stated.	
w II	296. SIGNATURE AND TITLE OF CERTIFIER	STAP	F	29c. LICENSE NUM	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
0	Baybara (arroll, MS	PHUSI	CIAN	D383	397	16/	10/93	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	Print)					
	BARBARA CARROLL.MT	1380	1 VOR	KRD.	CACKE	15:111	IEMA	
	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIG	GNATURE	, , , , ,	11/1/	LUVIL	INVIL	1111	
	JUN 1 5 1993 Julia Levido	. 30 4						
	Amongalar	Me-Manda B		-				
							DHMH-16 Rev 1/89	



		FOR STATE REGISTRAR	STATE OF I	MARYL				HEALTH AND	MENTAL	HYGIENE **	3	17	1297
		1. OECEDENT'S NAME (First, Middle, Last,							2. DATE C	OF DEATH		3.	TIME OF DEATH
	- 8	Dolores		ORGANT					MONTH	6 DAY C	di	5	1: 10AM
		4. SOCIAL SECURITY NUMBER	5. SEX	_	(In yrs. last birtl	hday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7, DATE O		8.	BIRTHPLA	CE (State or Foreign
		309-01-9460	1 🗆 M 2 😾 F	77	, Y	RS. MONTH	HE DAYE	HOURS MIN.		Dey, Year) 16-15		Country)	1112
pinous		9s. FACILITY NAME (If not institution, give	street and number)			9b. C	HTY, TOWN		99-16-15 Indiana				
ന	E I	Franklin Squaro	Hognital						=				
1, 2,	CTOR	Franklin Square					ROS	sville_		Baltimore			e
Pages	ш	MD Ba1	r timore		10-	c. CITY, TOW			10d			I. INSIDE CITY	
- FE	DIR		Limore			Di	Baltimore			1			YES 2 NO
permit	ZAL 3	10e. STREET AND NUMBER						10g	. CITIZEN	OF WHAT	COUNTRY?		
15-0020 ending physician. as the burial-transit	FUNER,	1569 Williams A						21221			USA	A	
020 physician burial-tra	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOEN FORCES? 1	T EVER IN	U.S. ARMED	ARMED 13. WAS DECENOENT OF HISPANIC If yes, specify Cuben, Maxican,				(Specify Yes or No	p— 14.	RACE - A	American Indian,
0 6 8 0 6 8	BY	3 X Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DA	ATES TEN	1 TES 2 TO Specify:				carr, etc.,			√hite
215-0020 attending physic use as the burial	0	15. DECEDENT'S ED	I CATION		40. 05050								
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-AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			Cabi	<u>JI IVE</u>	<u>- </u>	16 MOTHER'S N	A14F (F) 14	ddle, Maiden Surna	- : -		
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5 5 5	임	William & Mary	Veadon					O South		nbia, IN			
ay be		20a. METHOD OF DISPOSITION		20b	PLACEANDE				OATE	20c. LOCATIO		47201	
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		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	a \	1		22. NAME AI	ND ADDRESS OF FA		J Daili	liiore		
ALTIN death. Pag tuneral di tuneral di examiner		1 1 1		11				11 9	1 **				00 Mace Av
Ester of n by the removal.		Jonne Vly F	unela	XT	tom								lto, MD 21.
		23. PART I. Enter the diseases, or ahock, or head failure.	List only one cau	it caused ise on ea	the death. ach line.	Do not en	ter the mo	da of dylng, suc	ch aa cardii	ac or reapirator	y arrest,	. [Approximata Interval Between
y filled tion, or the m		IMMEDIATE CAUSE (Final Videose or condition	1		А.	-0	, 0	A P	. 6				Onset and Death
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OX 68 be execut sician and o rior to buri traumatic	CATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
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puires that the signed by the Health and books any in	EDICAL									1 YES 2 N		CON	MPLETION OF CAUSE DEATH?
requires been sign of Heal	M												YES 2 NO
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A THE S	YSI	1 YES 2 NO	1 Inpetient 2		atlent 3 🗆 D	OA 4 I		e 5 🗆 Residence	8 🗌 Other (Specify)			
5 1 1 1	РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF (Month, D	ay, Year)	286	INJURY	28c. INJ WO	URY AT	28d. 0E\$C	RIBE HOW INJURY	OCCURE	ED	
	BY	2 Accident Investigation				M		YES 2 NO					
TEND TOR. /	8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	etc. (Speci	— At home, fi	arm, street, f	actory, office			TON (Street and Nu Town, State)	mber or R	lural Route	Number,
OR ATTEND DIRECTOR: J nours after of tem 28 is	<u> </u>										_		
	4	29a. CERTIFIER (Check only 1 CERTIFYING PHYS											
NE NE	COMPL	one) 2 MEDICAL EXAMIN	ER: On the besis of a	xamination	and/or invest	tigation, in m	y opinion, d	eath occured at the	time, data a	nd placs, and dua	to the ce	use(s) and	manner as stated.
THE HOSPITAL THE FUNERAL Fled Within 72 I	ш	296. SIGNATURE AND TITLE OF CERTIFIE	ROLLA		4	MI	40	29c LICENSE NUI	мвен	29d.	DATE SIG	ONED (Mor	nth, Qay, Year)
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	2	30. NAME AND ABORESS OF PERSON WI	O COMPLETED CAUS	SE OF DEA	ATH (ITEM 27)	(Type, Print)				1547		-	17
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ë	The funeral DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delacted for use as the burial-transit nermit. Page		
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THE THE PRINCIPLY FRANCING THE SAW REQUIRES THAT THE DESIGN CETHICARE DE EXECUTED WITHIN 24 HOURS ARE DESTRICTED IN THE POSPITAL OF ALTERIAL PAGE 6 MAY DE RETAINED BY THE HOSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE HOSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE HOSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE HOSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE HOSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL OF ALTERIAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE RETAINED BY THE POSPITAL PAGE 10 MAY DE	s the b		
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MEDICAL CERTIFICATION

PHYSICIAN:

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COMPLETED

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ROBERT E. STONER

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July 32 TESTER STORE STORES

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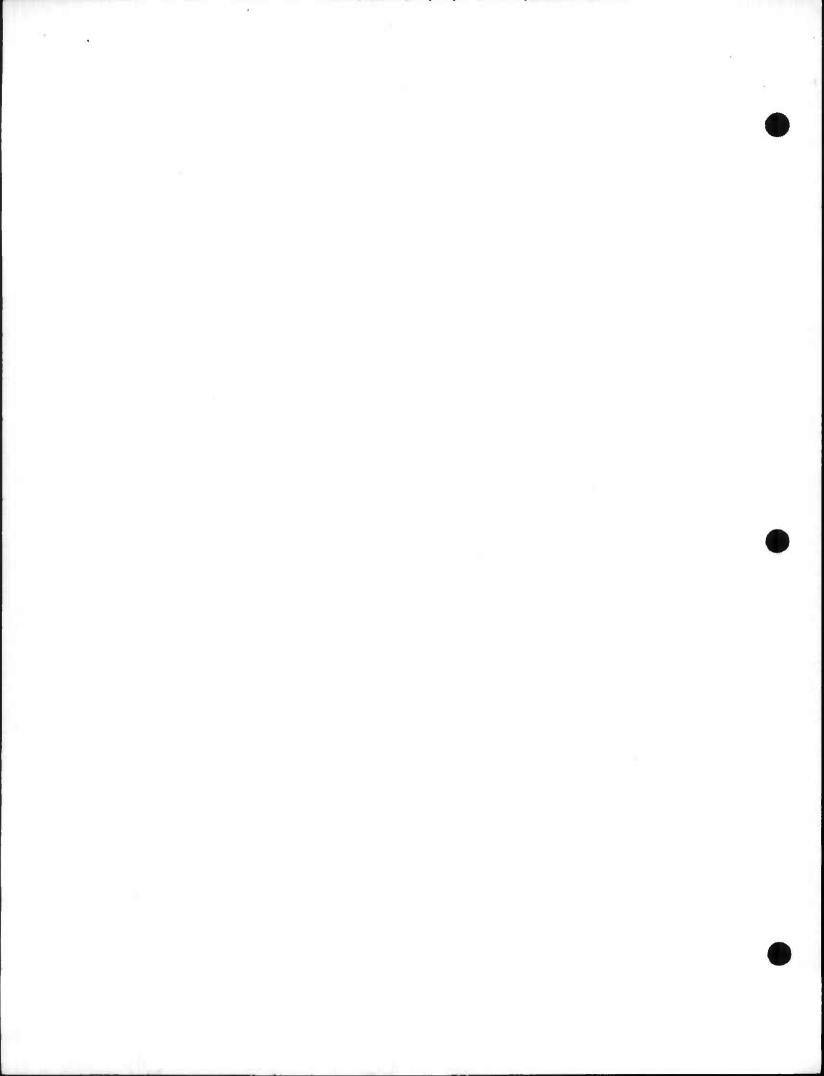
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17298 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 Myrtle Anderson Roberts O'Neill June 11, 5:50a.m. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 219-28-8305 1 M 2 X F 96 DAYS HOURS October 21, 1896 North Carolina 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Dulaney Towson Nursing Home 111 West Rd Towson Baltimore RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Pikesville 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 105 Church Lane 21208 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Wildowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th grade Telephone Operator Seton Institute 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Samuel Mason Roberts BE Margaret Anderson 19e. INFORMANT'S NAME (Type/Print) 196 MAILING ADDRESS (Street and Number of Rural Route Number, City of Town, State, Zip Code) 348 Barnes Avenue Westminister, MD 21157 2 John B. O'Neill 20a. METHOD OF DISPOSITION
1.42 Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State emetery crematory or other place)
Druid Ridge Cemetery 6/14/93 4 ☐ Donetion 5 ☐ Other (Specify) Pikesville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. book 8728 Liberty Rd Randallstown, MD 21133-4784 23. PART I. Enter the disesses, Dr complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heert feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition nerally 411 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 Department 2 ER/Outpatient 3 DOA rsing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the ceuse(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) our P1327 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

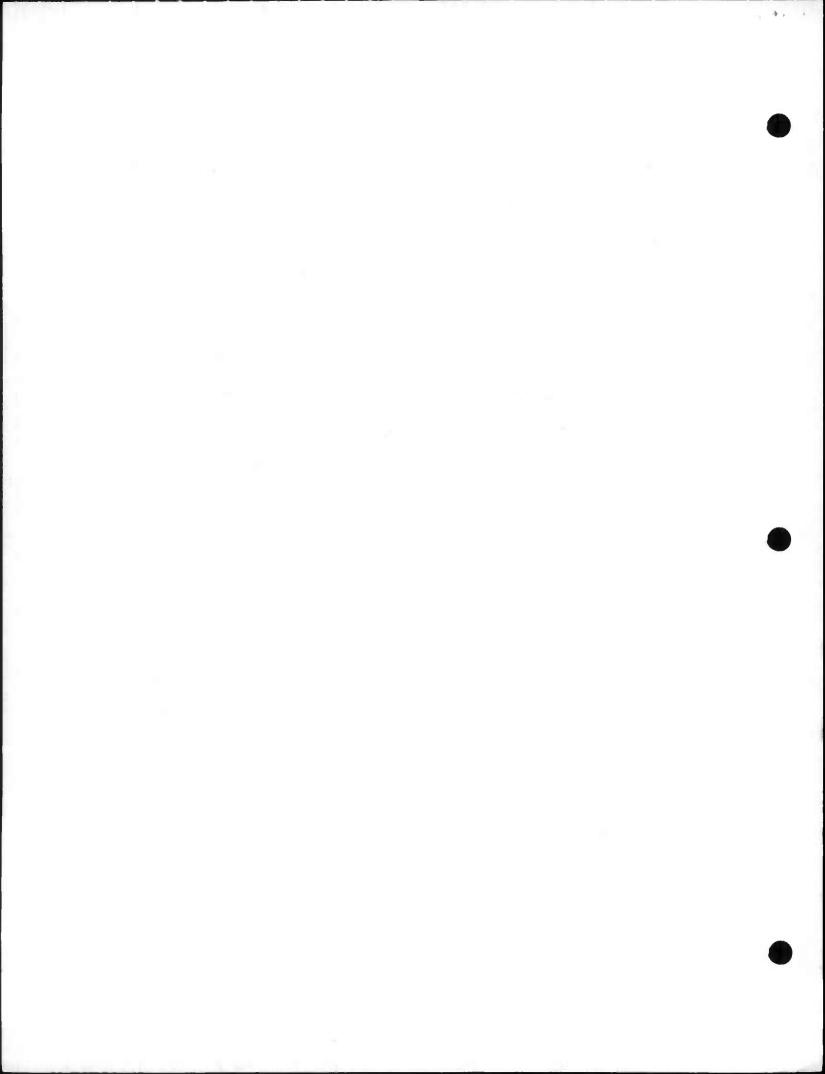
22. REGISTRAR'S SIGNATURE

FRANKLIN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should iours after death. Page 6 may be retained by the hospital or attending physician. filled in by the attending physician and completely fille | Mental Hygiene prior to burial, cremation, AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the has been s Dept. of H After this certificate I death with the State DIRECTOR:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1993 YEAR DAY John PETROVICH 12:45 June 11. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 💭 M 2 🗍 F 166-14-6391 8-9-16 PA Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Franklin Square Hospital Rossville Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore Essex 1 YES 2 HO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 516 Theresa Avenue 21221 usa 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yea, specify Cuban, Maxicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY 1 TES 2 NO Specify Spectly: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) 5th Crane operator Bethlehem Steel 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) Michael Petrovich Caroline Golda BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 516 Theresa Avenue Marjorie Petrovich Baltimore, 20e. METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 6 Other (Specify) Parkwood 6-14-93 Baltimore, MD SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto MD Connelly Funeral Home 300 Mace Avenue 21221 25.-PART t. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, shock, or heart failure. List only one cause on each line. Approximate interval Between **IMMEDIATE CAUSE (Finel** disesse or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART il. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 - YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA se 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Defural 5 Pending Investigation 1 YES 2 NO ВҮ 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not ba 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITME OF CERTIFIER



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7	STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)	OINTE OF MINITE	CERTIFIC		DEATH	REG. NO.				
3	BERNARI	Do i	PAOLUC	ci		MONTH DAY	- QEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 235-48-8960	5. SEX 6. AGE		UNDER 1 YEAR HTHS DAYS	F UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 7-01-23	Co	RTHPLACE (State or Foreign		
œ	9e. FACILITY NAME (If not institution, give s	01	1111 111	o. CITY, TOWN O	R LOCATION OF DEATH		c. COUNTY O	F DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Towse					15a	Himore		
	MRAY/AND	DA KIMOR	e 10c. CITY, T	OWN OR LOCATI	sedac	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER	icelot	Drive	10f.	ZIP CODE	7	g. CITIZEN C	F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 MO	If yes, spe	ENDENT OF HISPANIC Colfy Cuber, Mexican, Program Specify:	ORIGIN? (Specify Yes or uerto Rican, etc.)	0	ACE — American Indien, leck, White, etc.		
EIED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI	done during mos	N t of working	16b. KIND OF BUSINE	SS/INDUSTR	v		
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E COMPL	17. FATHERIS NAME (First, Middle, Last)	Paclue	21		18. MOTHER'S NAME	(First, Middle, Maiden Sun	neme)			
0 8	10e INFORMANT'S NAME (ImproPoles)									
	Town, State									
	1 Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNDAY SERVICE LIC	HOUBMENT	neters cremetory or other	401V	DATES OF FACILITY	4/93 15	RX	. 19d.		
	· Man	lul2	-	JOSEB	H N. ZAN		FUNI	ERAL HOME o. Md.2122		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Einel disease or condition resulting in death)	a. Panc	the death. Do not each line.	Canc		s cardiac or respirato	ry arrest,	Approximata interval Between Onset and Death		
ALION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
· I	PART II. Other significant condition	s contributing to death b	out not resulting in ti	he underlying	cause given in Part	I. 24a. WAS AN AUT PERFORMED		14b. WERE AUTOPSY FIHOINGS		
: MEDICAL						1 🗆 YES 2 🧎	7	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:) 10	26. PLA	CE OF DEATH (Check of	only one)		,		
PHYS	1 VES 2 NO 27. MANNER OF DEATH	1 ☐ Impetient 2 ☐ ER/Outp 26s. DATE/OF INJURY (Morgh, Dey, Yeyr)	28b. TIME OF	25c, INJU		Other (Specify) H	OS I			
ED BY	1 OC Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY beliefing, etc. (Spec	- At home, ferm, streetyl)		28 2 NO 281	LOCATION (Street and A City or Town, State)	Number or Aus	of Ploute Mumber,		
PLET	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred at	The time, data a	nd place, and due to th	he cause(s) and manner	au stated.			
COMPL	one) z MEDICAL EXAMINE	H: On the Digits of extenioation		ı my opinion, de	ath occured at the time	, dete and place, and du		e(a) and manner as statud.		
O BE	296. SIGNATURE AND TITLE OF CERTIFIER				20c. UCENSE HUMBER	04	DATE SIGN	ED (Month, Day, War)		
F	20. NAME AND ACCORESS OF PERSON WHO	COMPLETED CAUSE OF DE	Of Read 275 (Type, Print	ibeo.	. Rd 2	12016				
	E. Nakkuda M.	1 2300 1	Julaney	laller	Rd 2	1204				

32. REGISTRAR'S SIGNATURE
Fishis Deviden Admitable

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

173 MISPIRETA, LUIS CHENSERG, ELIZASE 5203 0 19-93 F 069Y 10-23-23 8 360698 0455173 6-09-93 F

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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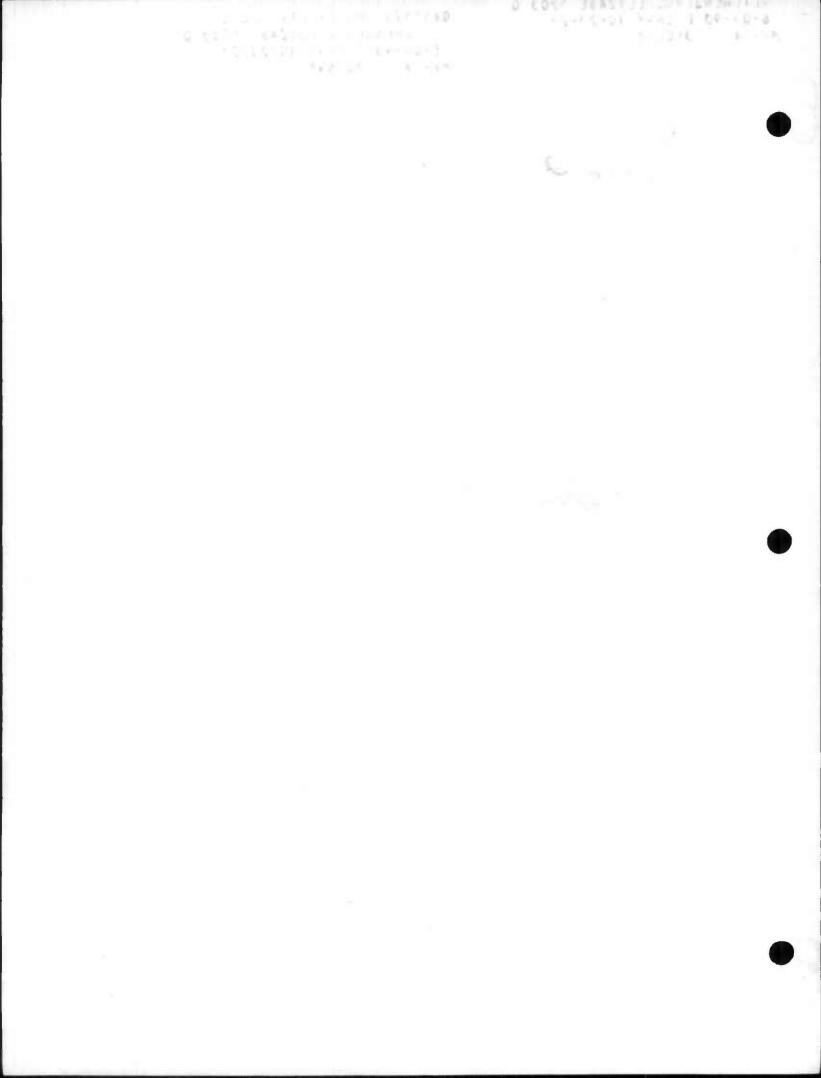
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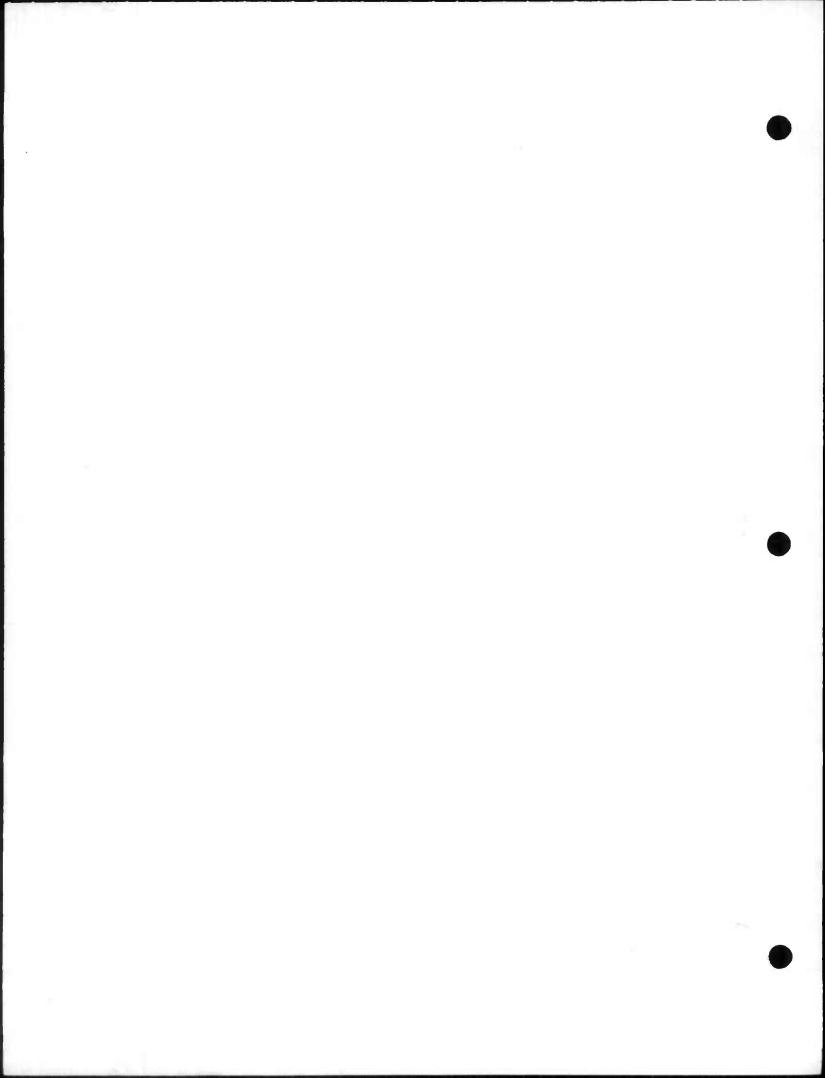
	1. DECEDENT'S NAME (First, Middle	lle, Lest)	-, .		_			2. DATE OF DEATH	DAY	YEAR 3	TIME OF DEATH	
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	4. SOCIAL SECURITY NUMBER	O		E (In yrs. las	_	F UNDER 1 YEAR		7. DATE OF BIRTN (Morith, Day, Year)			ACE (State or Foreign	
	33310198 31 □ M 2 X F 69 YRS.				YRS.	ONTHS BAY	B HOURS MIN.	10-23-	23	Country)	DELEWARE	
_	Ta TACLIFY NAME (If not Institution, give street and number)						N OR LOCATION OF	DEATH	9c. COL	INTY OF DEA	гн	
DIRECTOR	WASHINGTON ADVENTIST						DMA I	ARK	mo	NTGO	MERY	
EC		COUNTY			10c. CITY,	TOWN OR LO	CATION			1	Dd. INSIDE CITY	
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FUNERAL	100. STREET AND NUMBER						10f. ZIP CODE	0 0 1 7	10g. CIT		AT COUNTRY?	
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5	11. MARITAL STATUS	R IN U.S. AR				NIC ORIGIN? (Specify	C ORIGIN? (Specify Yes or No. 14, RACE					
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5	17. FATHER'S NAME (First, Middle, I	Last)			SEAM	OIKES		AME (First, Middle, Meid	an Sumama)			
	LEONARD HI	CKEN						ELLIE WI		S		
10	19a. INFORMANT'S NAME (Type/Pri	int)		198	. MAILING A	DDRESS (Street		Route Number, City or 1			21230	
2	JAMES J.RE	ICHE	NBERG		1612			STREET,			E, MD	
	20a. METHOD OF DISPOSITION	C Brown		Ob. PLACE	AND DATE OF	DISPOSITION				City or Town		
J	4 Donation 8 Other (Speci		from State	GLE	metory or othe N HAV	EN C	EMETERY	6/16	MAR	YLANI		
- 1	21. SIGNATURE DE PUNERAL SEN	Mark Lights	1	_	4	22. NAME	AND ADDRESS OF F	ACILITY				
	* (Anal	11/1	11.57)-6	1	1501	ARLES L.	STEVENS T AVE. B	FUN	ERAL MD	HOME, IN	
	23. PART i. Enter the disease	ea, or com	plications that caus	ed the de	ath. Do not	enter the r	node of dying, au	ch as cardiac or rea	piratory ar	rest.	Approximate	
	ahock, or heart f	allure. List	only one cause on	each line							interval Between Onset and Death	
	disease or condition resulting in death)		CARNIA	PIN	11011	MOY	APPE	_			Johnson and Death	
	resulting in death)	a	CARDIO DUE TO (OR AS	A CONSEC	DUENCE OF):		MALS					
	O	b	CORONT	RY	ART	ERY	DISEA	KE.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. COROMARY ARTERY DISEASE: OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c	VENTR.	ICUC	AR	ANEURYSM						
	that initiated events resulting in death) LAST	100.5										
resulting in death) LAST STATUS POST, VENT: ANEURYSIAGTOMY								COMY	7 4	18ks)	
	PART ii. Other significant co	nditions co						Part I. 24s. WAS	UN AUTOPSY ORMED?	34b. W	ERE AUTOPSY FINDINGS	
								1 (7 YES		C	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
									1		YES 2 NO	
									,			
	25. WAS CASE REFERRED TO MED EXAMINER?		OSBITAL:				PLACE OF DEATH (C	heck only one)				
	1 YES 2 NO		Inpatient 2 - ER/O			THER: Nursing H	ome 5 - Rasidence	8 Other (Specify)				
THE STORY	27. MANNER OF DEATH 1 Netural 5 Pendir		28a. DATE OF INJUR (Month, Day, Year		28b. TIME C	Y \	NJURY AT WORK?	28d. DESCRIBE NOV	28d. DESCRIBE NOW INJURY OCCURED			
	1 Natural 5 Pendir 2 Accident Investi						YES 2/1 NO					
- 11	3 Suicide 8 Could 4 Homicide determ		28e. PLACE OF INJU building, etc. (S)	RY — Al hoi pecify)	me, farm, atre	et, factory, of	fice	28f. LOCATION (Stree City or Town, Sta	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	4 Noticide agermined											
								s to lhe cause(s) and n				
	2 MEDICAL E	XAMINER: O	n the beels of exemine	ion and/or i	nvestigation,	In my opinion	, death occured at the	time, data and placa,	and due to H	ne cause(s) a	id manner as stated.	
	29b. SIGNATURE AND TITLE OF CO	ERIIFER	-	4-			29c. LICENSE NU	MBER _ []	29d. DAT	E SIGNED (M	onth, Day, Year)	
	I Tope	cas	X) MA	2		110.	DIT	655	6	[13/	33	
	30. NAME AND ADDRESS OF PERS			DEATH (ITEN	27) (Type, Pr	int)	6 N54	HAMPS	HURE	AU	N.W	
	LUIS A. MISPIRETA MD THE DARBY RA BITHESTA IS WAS DC 2009											
7	JUN 1 5 1	003	32. REGISTRAR'S SIG	ALA AR	nde M.							
-		JJ.)	1 - THE PROPERTY OF	- A								



DHMH-16 Rev 1/8

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending privation	scrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral transfer pages 1, 2, 3 should the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the is be filed within 72 hours after death with the State Dept. of Health and Mer	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury	

	REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIN								IME OF OEATH	
	ANITA E. RO			MONTH DAY 9			00.18 4			
	4. SOCIAL SECURITY NUMBER 5. SEX	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7 DATE OF BUR	TH		E (State or Foreign			
	219-28-6320 10M2	MONTHS DAY		(Month, Day, 7/22/	(1022	Country)				
	9e. FACILITY NAME (If not institution, give street and num	,		Oh CITY TOW	N OR LOCATION OF O			Mary	land	
Œ	Harbor Hospital Ce						9c. COU	9c, COUNTY OF DEATH		
5	Harbor Hospital Center Balto.City,Md									
E C	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			104	INSIDE CITY	
H	Maryland		В	alto.C	G1. 262			LIMITS?		
١	10e. STREET AND NUMBER		10f, ZIP CODE			T 40 - 017		YES 2 NO		
BY FUNERAL DIRECTOR	29 E.Bir	ckhea	d St		21230			10g. CITIZEN OF WHAT COUNTRY? USA		
Z		CEDENT EVER			13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify					
F	1 Never Merried 2V Merried FORCE	8? 1 NES	2 🔣 NO	13. WAS D	ECENOENT OF HISPAI specify Cuben, Mexica	NIC ORIGIN? (Spei in, Puerto Rican, i	olfy Yee or No— rtc.)	14. RACE — A Black, Whi	mericen Indien, ite, etc.	
BY	3 Widowed 4 Divorced IF YES,	GIVE WAR OR E	PATES	ES 1 🗆 YE		y:		Specify:	White	
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	I I I I I I I I I I I I I I I I I I I	TION	405 - 900 - 90	OF BUSINESS/INC		viiite	
E I	(Specify only highest grade completed)		(Give kind of life, Do NOT u.	work done during se retired.)	most of working	160, KIND	OF BUSINESS/INC	DUSTRY		
7	Elementary/Secondary (0.12) College (1-10th.Grade	4 or 5+)	Homem	111		Own	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									
	Roy E.	Hain	es		18. MOTHER'S NA			one		
B	19e. INFORMANT'S NAME (Type/Print)	110211			rau.	TINE .				
2	Mr.Warren Rowley, J	r.	196. MAILING	ADDRESS (Street	t and Number or Aural chead St	Route Number, City	or Town, State, Zip	1230		
			29 E	. DIIC	meau sc	·Darco	·114 · 2	1230		
	20a. METHOD OF DISPOSITION 3 ☐ Removal from St	ate cer	b. PLACE AND DATE	OF OISPOSITION	Name of		Oc. LOCATION —			
	4 Donation 5 Other (Specify) Glen Burnie, A									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230									
	A travel Q. 9	Val		McC	ully Fu	neral I	Home.1	30 E.F	ort Ave	
	23. PART I. Enter the diseasea, or complications they caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate									
	Interval Between									
I	IMMEDIATE CAUSE (Final disease or condition resulting in death)									
	DUE TO (OR AS A CONSEQUENCE OF):									
-	Sequentially list conditions PSEUDOMONAS PNEUMONA									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
Ă	cause. Entar UNDERLYING							i		
문	CAUSE (Disease or Injury C	UE TO (OR AS /	CONSEQUENCE OF	F):						
E	resulting in death) LAST							i		
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DICAL									E AUTOPSY FINDINGS	
호									ABLE PRIOR TO PLETION OF CAUSE	
MED						_ ['"	ES 2 NO		EATH?	
2						-		1 🗆	YES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (Chi					
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 NO 1 NO INCIDENT.	L:		OTHER:						
¥ I		ATE OF INJURY	petient 3 DOA 28b. TIM		ome 5 - Residence					
<u>-</u>		onth, Day, Year)	Zob. IIIJ	URY	NJURY AT VORK?	28d. DESCRIBE	HOW INJURY OCC	CURED		
B	2 Accident Investigation	ACE OF IN HIM			YES 2 NO					
요	3 Suicide 8 Could not be 4 Homicide determined	illding, atc. (Spec	— At home, ferm, solly)	street, factory, of	lice	281. LOCATION (City or Town,	Street and Number State)	or Rural Route N	lumber,	
<u> </u>	4 Horinica Getermined									
립	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the	best of my know	ledge, death occum	ed at the time, de	rie end place, end due	to the cause(e) ar	nd menner ea stat	ed.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the bee								menner se stated.	
201 CIONATURE AND TITLE OF OURTERED								Pd. DATE SIGNED (Mgnth, Day, Year)		
0	Marken Vecsamo	hone	mi /9	1.60	1 2001 01021102 1100	DETT	250. DATE	- la la	n, Day, rear)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE			Print)	/		- 6	17/9-	5	
			(, inny						
	31. DATE FILED (Month, Day, Yber) 32. REC	SISTRAR'S SIGN	ATTIRE							
}										
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ē

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HANS 27 1993 ROSE 12:15P 4. SOCIAL SECURITY NUMBER 5. SEX & AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 5-23-1906 1 M 2 F 87 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR na 212 SOUTH EAST AVENUE BALTIMORE CITY 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 S. East Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— it yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO BY Specific 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ast of working Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ocme 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State removal OF FUNERAL SERVICE LICENSEE RODA Zd Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 6/11/93 655 W.BaltimoreSt, Balto, MD21201 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Deeth disease or condition .Hypertensive Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEDUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CHRONIC RENAL FAILURE COMPLETION OF CAUSE OF DEATH? 1 TYES X NO ATRIAL FIBRILLATION 1 YES 2X NO PHYSICIAN: RENAL INSUFFICIENCY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

(Chark ank

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(a) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 05/27/1993 hute O.C.M.E. M 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENNIS J.CHUTE M.D.

32. REGISTIAR'S SIGNATURE

5 1993

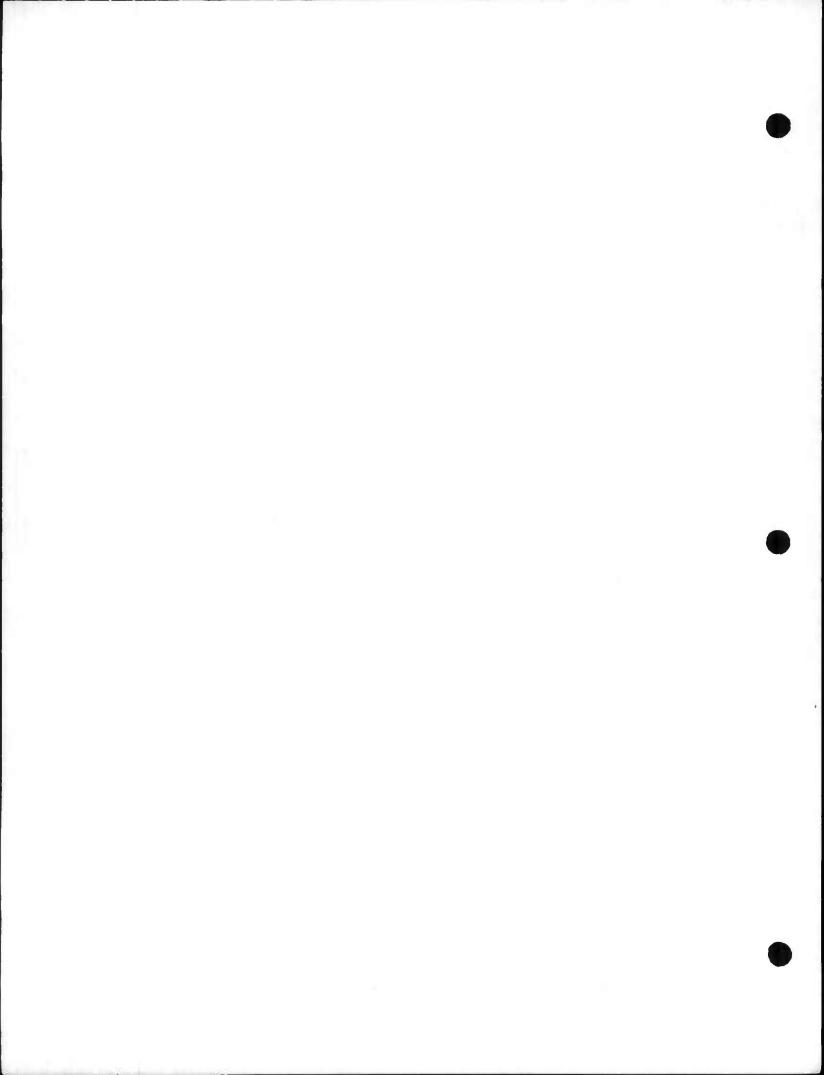
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Street Raltimore Maryland

21201



permit. Pages 1, 2, 3 should use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 executed within BOX 68760.

by the funeral director, page 5 should be detached for removal. once. Ħ notified pe must examiner medical filled in by 6 in and completely fille to burial, cremation, the event, traumatic the attending physician 3 Mental Hygiene prior tr other 10 Injury, signed by the any shows a has been so the Dept. of H th the State De d, or item 2

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

marked,

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31. DATE FILEO (Month, Day, Year)

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DIRECTOR: A fours after d four 28 is

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RECORDS,

DIVISION OF VITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 13 PAY 1993 06 8:38 RENWICK TERRY TRUMAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign Country) 541-54-7405 46 1 M 2 F DAYS HOURS VRS 06-12-1947 WASHINGTON 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR VISTA AVE GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?... 1 YES 2 NO MARYLAND ANNE ARUNDEL GLEN BURNIE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 VISTA AVENUE 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 14 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2XXMarried IF YES, GIVE WAR OR DATES Vietnam 1 YES 2 XNO Specify ΒÝ Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) SERGEANT 12 UNITED STATES ARMY NONE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT BRANDEBERRY BERNICE BOYDSTON 38 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATSY J. RENWICK 7 VISTA AVENUE, GLEN BURNIE, MD. 21061 29c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION
1 Spurial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 6/14 PARK MEADOWRIDGE MEMORIAL PELKRIDGE, MARYLAND 21. SIGNATURE OF FUNE L SERVICE VÍCENSEE 22. NAME AND ADDRESS OF FACILITYS INGLETON FUNERAL HOME 1 SECOND AVE., S.W., GLEN BURNIE, MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition THEROS CUSTOTIC COMIONAS CULDIL D'ISONS &
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 VES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 📈Residence 6 □ Other (Specify) TEXTES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER

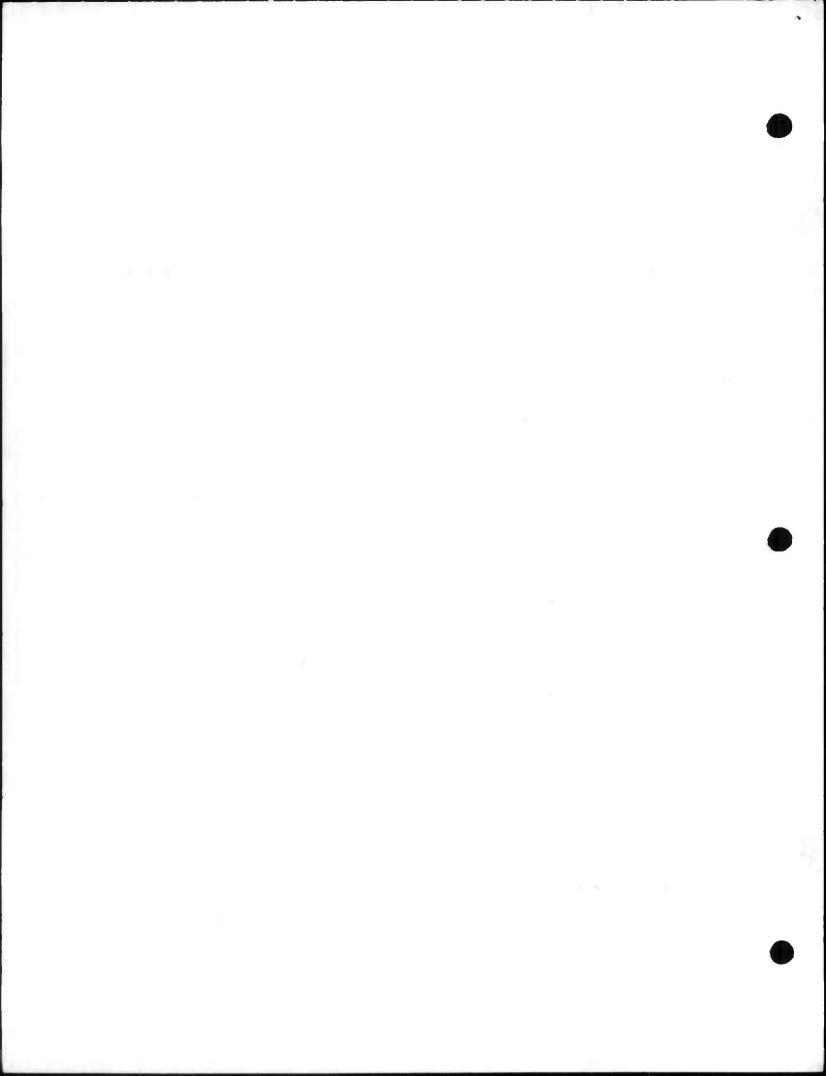
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1 GERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. WATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

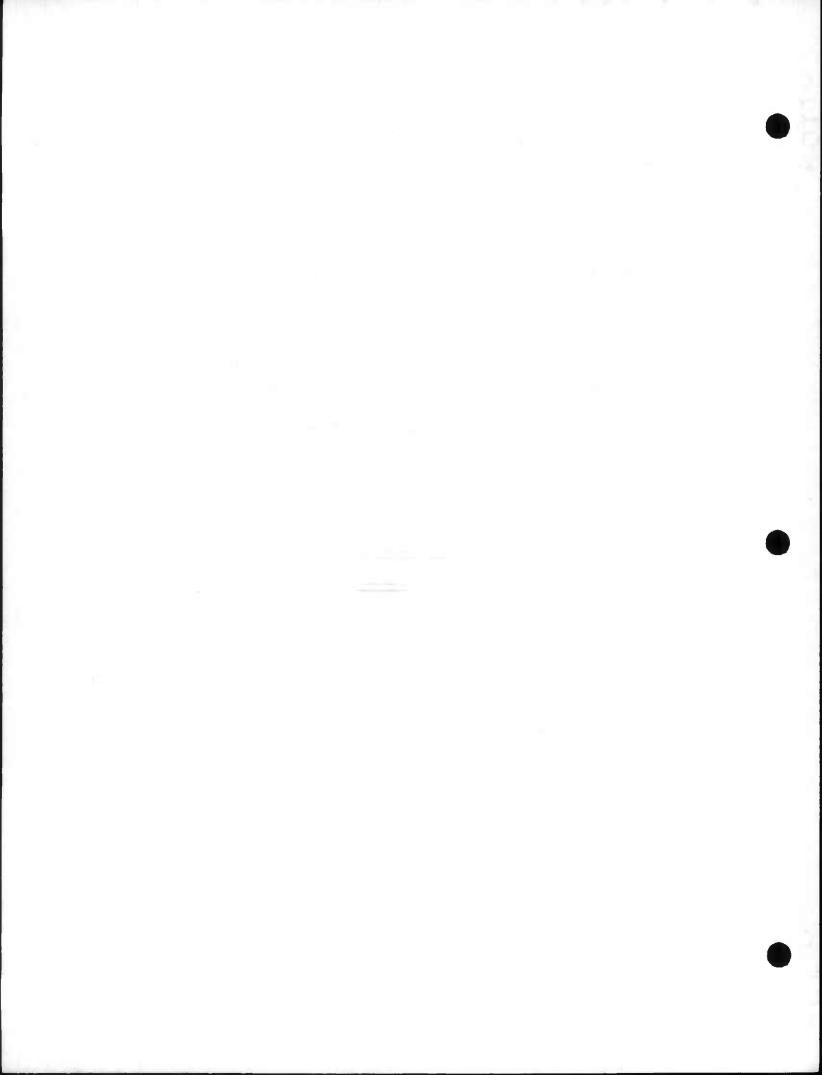
• 06/14/93 BE mey Warne O.C.M.E. 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

21201



	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) MILTON E	SCOTT, JR.		2. DATE OF DEATH MONTH DAY 0 13	YEAR 3. TIME OF DEATH 93 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 215-46-7199 1 1 1 1 1 1 1 1 1		FUNDER 1 YEAR SFUNDER 24 HRS, ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Dey, Year) 7-15-45	6. BIRTHPLACE (State or Foreign Country) MD					
Œ	9a. FACILITY NAME (if not institution, give street and number)		b. CITY, TOWN OR LOCATION OF DEAT	TH 9c. COUN	TY OF DEATH					
DIRECTOR	2648 Maryland Ave.	Apt. 1-B	Baltimore							
JIRE	10a. STATE 10b. COUNTY MD		OWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	Daic	10f. ZIP CODE	10g, CITIZ	TYPYES 2 NO					
FUNERAL	2648 Maryland Avenue		21218		3.A.					
BY	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:	ORIGIN? (Specify Yes or No-Puerto Ricen, atc.)	14. RACE — American Indian, Black, White, atc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of world	done during most of working	16b. KIND OF BUSINESS/INDU						
PLE	Elementary/Secondary (0-12) College (1-4 or 1.2th	life Do MOT use a	etired.)	Goodwill Indu						
NO	17. FATHER'S NAME (First, Middle, Last)			[(First, Middle, Meiden Surname)	istries					
BE (Milton E. Scott, Sr.		Lillie							
2	19e. INFORMANT'S NAME (Type/Print) Frank Britto		DRESS (Street and Number or Rural Root. 29th Street/Ba							
	20a. METHOD OF DISPOSITION 1X Visurial 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF I	DISPOSITION (Neme of	DATE 20c. LOCATION — C						
	4 Donation 5 Other (Specify)	cemetery, crematory or other King Memor	ial Park		stown, Maryland					
	21. SUDMATURE OF FUNEAU SERVICE CICENSEE	MO	22. NAME AND ADDRESS OF FACIL							
-	23. PART I. Enter the diseeses, or complications	D- Jones			E. North Ave					
	IMMEDIATE CAUSE (Final disease or condition	ause on each line.		sa cerdiec or reepiratory sire	Interval Satween Onset and Death					
	DUE TO (OR AS A CONSEQUENCE OF):									
NO NO	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	De Dies D	iabetes		>2 urs					
TIF	that initiated events DUE resulting in death) LAST	O (OR AS A CONSEQUENCE OF):								
	d									
CAL	PART II. Other significent conditions contributing		he underlying ceuse given in Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
EDI	Hypertension			_ 1 □ YES 2 NO	OF DEATH?					
Z.	DIABETES MELLITUS			-	1 YES 2 NO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PLACE OF DEATH (Check	only one)						
PHYSICIAN: MEDIC	27. MANNER OF DEATH 26s. DATE	DF INJURY 26b, TIME O	Nursing Home 5 Residence 6	Other (Specify) 8d. DESCRIBE HOW INJURY OCCU	IDED					
ВУ Р	1 Natural 5 Pending (Month 2 Accident Investigation	Day, Year) INJUR		od. Degonibe flow major? Occi	, , , , , , , , , , , , , , , , , , ,					
	3 Suicide 25a. PLACE	OF INJURY — At home, farm, streeg, etc. (Specify)	ot, factory, office 2	61. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,					
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
296. SIGNATURE AND TITLE OF PERTIFFER 296. LICENSE NUMBER 29d. DATE SIGNED (Month. D										
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CO	ules of pears	1 8417	02	5/15793					
	LISA VERNINO M	D 3 100	111	of Drino	Baltingre 21211					
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE	4/1/000000	21-0100	withingre with					
2	JUN 1 5 1993 Julia	Davidson-Randall								

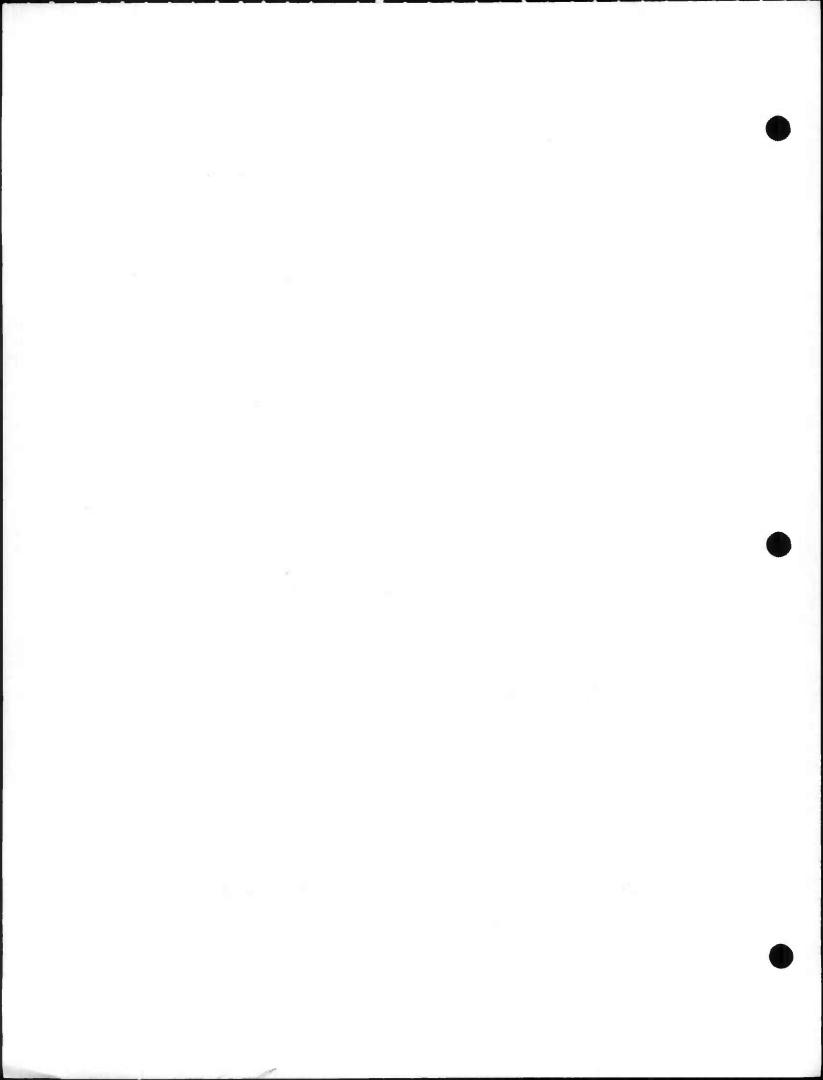


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERTIF	CATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Leel) 2. DATE OF DEATH											3. TIME OF DEATH	
- 1	Theresa L.		Sheffler						YEAB	M		
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	Вияти		8. BIRTHP	LACE (State or Foreign	
	168-22-1468	1 □ M 2 💢 F	82	YRS.	MONTHS DAY		Aug.		1910	Country)	gland	
E	9a. FACILITY NAME (if not institution, give s Golden Years Hon					n on Location of D ltimore	EATH			TY OF DE		
DIRECTOR	RESIDENCE OF DECEDENT	201220010									016	
H	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
ā		imore			Balti	more					1 YES 2 NO	
₹ I	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?	
剪	4401 Bayonne Ave	21206				USA						
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1	YES 2	ARMED XNO	13. WAS I	ECENDENT OF HISPA specify Cuban, Maxic	NIC ORIGIN?	Specify Yea	or No-	14. RACE - Black.	- American Indian, White, etc.	
à l	3 Widowed 4 Divorced	IF YES, GIVE WA				ES 2 ANO Speci		11, 410-7		Specify		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		(Give kind of w	USUAL OCCUP	TION most of working	16b. KI	ND OF BUS	BINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Me. Do NOT us	lesper	aan						
3	17. FATHER'S NAME (First, Middle, Linst)			:/1 Sa	resper	18. MOTHER'S NA						
	Robert Little						abeth					
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Rural				Code)		
임	Bonnie Kroll					dge Lane	Balti				221	
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remo	wed from State	20b. PLAC	EANODATEO	FDISPOSITION	(Name of	OATE	20c. LO	CATION (ATION — City or Town, State		
	4 Donation 5 Other (Specify)	17021	Mead	lowrid	<u> </u>		16-93	Ва	ltimore			
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1/		22. NAME	AND ADDRESS OF FA	CILITY					
	Connelly	melal	Sto	me							Ave. 21221	
	23. PART I. Enter the diseases, or canonic shock, or heart failure.	omplications that	caused tha	death. Do n	ot antar the	noda of dying, aud	ch se cardiae	or reapi	ratory arre	est,	Approximata	
	IMMEDIATE CAUSE (Final		/ -			,					Interval Between Onset and Death	
	disease or condition resulting in death)	, cu	Loc	6	hest	-					Mun	
		DUE TO (O	R AS A CONS	EQUENCE OF): 0			- 1				
S	Sequentially list conditions,											
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	1			,,							
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO (O	R AS A CONS	EOUENCE OF):							
	resulting in death) LAST	t;										
CE	PART II. Other significant condition	contributing to d	anth hut not	secultine t	a the condest		D					
3	Leusen	1 0	nda	rasuning ii	i tha unuariy	ing cause given in		e. WAS AN	MED?	- 1	WERE AUTOPSY FINDINGS	
EDI	0	Service	,				1	YES 2	□ NO		COMPLETION OF CAUSE OF GEATH?	
ME				-						1	YES 2 NO	
ĕ	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (C)	ack only one)					
SICIAN:	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA	OTHER:	ome 5 Residence		nacifu)				
H H	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b. TIME	OF 28c.	NJURY AT	28d. DESCR		JURY OCC	VRED		
8	1 Natural 5 Pending 2 Accident Investigation			INJU	M 1	WORK? YES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF I building, et	NJURY — Al I c. (Specify)	home, farm, si	reet, factory, o	fica	281, LOCATION OF 7	ON (Street a lown, State)	nd Number	or Rural Ro	ute Number,	
COMPLETED	200 CENTIFIED											
를	(Check only	CIAN: To the beat of m										
3	2 MEDICAL EXAMINE		ninetion and/o	f Investigation	, in my opinior	, death occured at the	Hime, data and	d placa, and	dua to the	cause(a)	and manner as atated.	
4	296. SIGNATURE AND TITLE OF CERTIFIER	04	m			29c. LICENSE NUI	MBER	>	29d. DATE	SIGNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH /IT	EM 27) /7/00	Print)	1418	4 70		9	1141	17	
	LOUIS D.	025EN		2 1		11.0	BA	in	My	2/2	224	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATURE									
/ 1	JUN 1 5 1993 9	me realises	-Mandel									

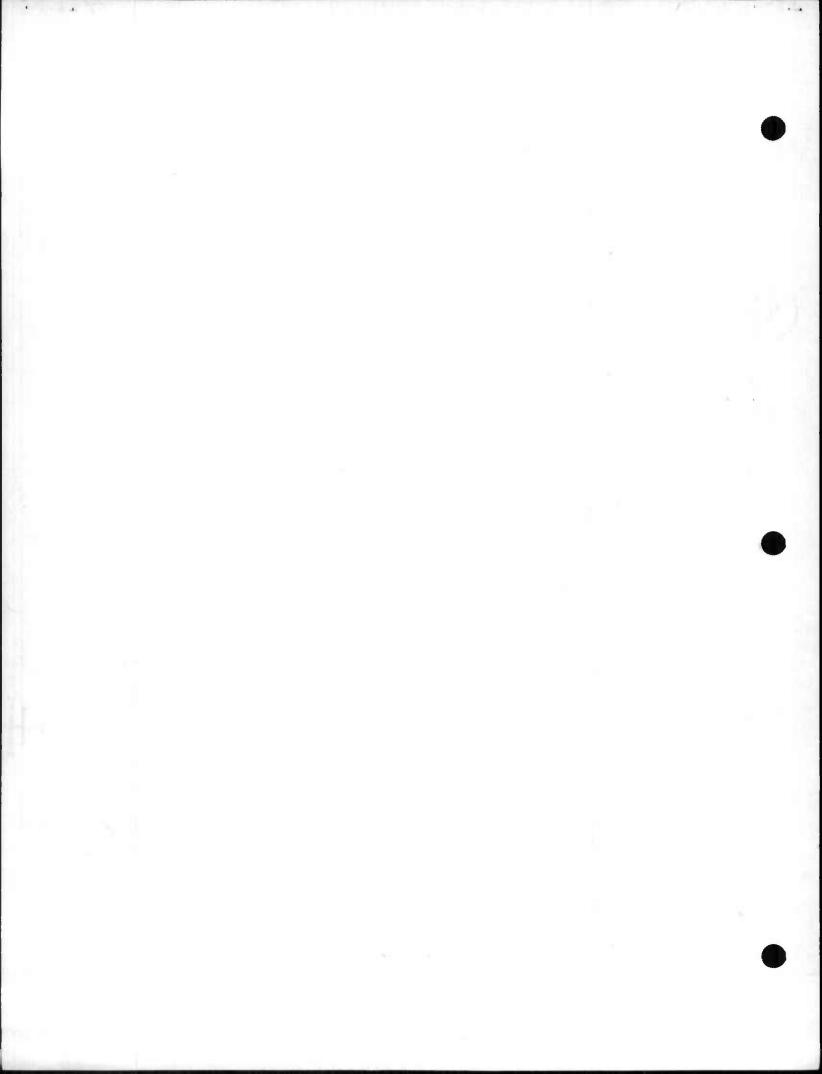
function by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the mid Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been figured by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of the mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shown or injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NO.	de de	90	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× frouts after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC		EALTH AND MENT	AL HYGIENE 9	3 17307
- 1	1. DECEDENT'S NAME (First, Middle, Last) SCM & FR	Aghes Ac	nes E.S	chafer	4404	0	YEAR 3. TIME OF DEATH 7.55 PM
	4. SOCIAL SECURITY NUMBER 215-18-5590	1 - M 2 - F	"	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. 7. DAT (Mo	E OF BIRTH oth, Day, Year)	8. BIRTHPLACE (State or Foreign Country) U.S.A.
TOR	Sa. FACILITY NAME (If not institution, give : Merry 1450 RESIDENCE OF DECEDENT	Al St. Pa	ul St 91	2	OR LOCATION OF DEATH	. 0	TY OF DEATH
DIRECTOR	Maryland	Y		own or local to.Cit	1123		10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER	8 E.Fort Av	re.	101	21230	10g. CITI2	USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Application	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANIC ORIC ecity Cuban, Mexican, Puert XXNO Specify:	SIN? (Specify Yes or No—) o Ricen, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th.Grade	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Assistal	done during mo tired.)	st of working	May C	
OMI	17. FATHER'S NAME (First, Middle, Last)		210010001	it buy	18. MOTHER'S NAME (First		
BEC		Christopher	Schafe	er	Cather		Haas
10 B	19a. INFORMANT'S NAME (Type/Print)					mber, City or Town, State, Zip	Code)
F	Mrs.Helen S.W	roten	48 E	.Fort	Ave.Balto	.Md. 21230)
	20s. METHOD OF DISPOSITION 3 Description March Specify Speci	ceral from State	PLACE AND DATE OF CHERY CREME OF COS	place) Cem	etery6/12	793 A.A.CO	
	21. SIGNATURE OF FUNERAL SERVICE LIN	a. May	br	22. NAME AN	D ADDRESS OF FACILITY	Ba1	to.Md. 21230 O E.Fort Ave.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. Acute DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. CAMA	och line.		al Inf		Approximate interval Between Onset end Death
MEDICAL C	PART II. Other significent condition		ut not resulting in t	he underlying	g ceuse given in Pert i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ž							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF DEATH (Check only	one)	
IXSI	1 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA 4	☐ Nursing Hom	e 5 Residence 8 Ott		
BY PF	1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJUR	M 1 🗆 1	PK?	ESCRIBE HOW INJURY OCC	
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— at nome, term, stree f(y)	rt, ractory, office		CATION (Street and Number of ty or Town, State)	or Hural Route Number,
COMPLE		ICIAN: To the best of my knowl FR: On the basis of examination					rd, cause(a) end manner as stated,
O BE C	296 SIGNATURE AND TITLE OF CERTIFIE	nn			29c. LICENSE NUMBER	29d, DATE	SIGNED (Month, Day, Year)
Ţ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Typy: Pri	"Ite	MD		
	31 " " " " " " " " " " " " " " " " " " "	32. REGISTRARIS SIGNA	ATUE	Ai.			



	1. DECEDENT'S NAME (First, Middle L) Smit	h Rudol	lph D.	Smith		2. DATE OF D	EATH DAY	9美AR	3. TIME OF DEATH
	4. SOCIAL SECURIT NUMBER 220-20-374	5. SEX		n yrs. lest birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)			HPLACE (State or Form
стоя	Battinere VA	-Medica	l'Cente	er	96. CITY, TOWN O	IN LOCATION OF D	EATH	9c, C0	DUNTY OF I	
DIRECT	RESIDENCE OF DECEDE 10a. STATE 10b.	COUNTY	ne		Otherse	ION				10d, INSIDE CITY LIMITS?
FUNERAL	366 Hillsda	Do Arra			101	ZIP CODE				WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS	DECEDENT EYER IN SES? 1 7 YES S, GIVE WAR OR DA	U.S. ARMED 2 NO	13. WAS DEC If yes, spi 1YES	ENDENT OF HISPAI acity Cuban, Mexica 2 Specific	n, Puerto Rican,	ecify Yes or No-	JSA 14. RAC Blac Spec	CE — American Indias ck, White, etc.
COMPLETED		T'S EDUCATION est grade completed) College	(1-4 or 5 +)	18a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during mo:	N st of working	16b. KINE	OF BUSINESS/I	INDUSTRY	
E COM	17. FATHER'S NAME (First, Middle, I					18. MOTHER'S NA)	
TO BE	Farnest S 190. INFORMANT'S NAME (Type/Pri			19b. MAILING	ADDRESS (Street a	ROSAL nd Number or Rural	ie Smi Route Number, Cl		Zip Code)	
2	Dorothy S 20g. METHOD OF DISPOSITION		20b.	3616	Hills		Balto DATE	Md.		
	1 St Buriel 2 Cremation 3 4 Donation 5 Other (Special	HY)	State ceme	rrison	Forest	Vet.C	em 6/1	6/93	Owing	gs Mill
	21. SIGNATURE OF FUNERAL SER	MACH I ACREMENT	11		40 114440 41	D ADDRESS OF FA		A	dary:	1004
	22 PART I. Enter the disease shock, or heart for	O. Dy	ions that caused one cause on ea	the death. Do no	LEROY 4600	0. DY	ETT &	SON Fu	nera Bal	Approxima
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	es, or complicat failure. List only	DUE TO OR AS A	CONSEQUENCE OF	LEROY 4600 ot enter the mod	O. DY	ETT & y Hqht	SON Fu	nera Bal	al Home to.Md. Approxima interval Be
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	es, or complicate failure. List only	DUE TO (OR AS A DUE TO (OR AS A	ich line.	LEROY 4600 ot enter the model.	O. DY	ETT & y Hqht	SON Fu	nera Bal	Approxima
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	es, or complicat latture. List only a	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	LEROY 4600 ot enter the model.	O. DY Liberty de of dying, suc to ste	ETT & Y Hant	SON FUS AVE.	inera. Bald	al Home to.Md. Approximatinterval Be Onset and
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	es, or complicat latture. List only a	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	LEROY 4600 ot enter the model.	O. DY Liberty de of dying, suc to ste	ETT & Y Hant the as cardiec of	SON Fues Ave	inera. Bald	Approximatinterval Be Onset and Onse
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IVSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	es, or complicate the control of the	DUE TO (OR AS A DUE TO	CONSEQUENCE OF CONSEQ	LEROY 4600 of enter the model is the underlying in the underlying 28. PL OTHER: 4 □ Nursing Home of 28c. INJI	O. DY Liberty de of dying, suc to Stu cause given in ACE OF DEATH (Ch.	Part I. 24a. 1 Coeck only one) 8 Cother (Spe	SON FUS AVE. SO	inera. Bali	Approximatinterval Be Onset and Onse
SICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	es, or complicate failure. Lies only a. C. c. P d Conditions contrib Cui phia MICAL HOSPI 1 Separation 288.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF CONSEQ	LEROY 4600 ot enter the model i: corrected to the underlying and the	O. DY! Liberty de of dying, suc to Shu cause given in dry ACE OF DEATH (Ch	Part I. 24a. 1 Cock only one) 8 Other (Spe	SON FILE AVE. S AVE. OF RESPIRATORY STATEMENT STATEMEN	arrest,	al Home to.Md. Approxima interval Be Onset and b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	es, or complicate allure. Lies only a. C. c. P d Conditions contrib Cui phia MICAL HOSPI 1 Value 28e. Ing.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF CONSEQ	LEROY 4600 ot enter the model i: corrected to the underlying and the	O. DY! Liberty de of dying, suc to Shu cause given in dry ACE OF DEATH (Ch	Part I. 24a. 1 Cock only one) 8 Other (Spe	SON FILES AVE. SON FILES AVE.	arrest,	al Home to.Md. Approxima interval Be Onset and b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST PART II. Other significant co LAST LAST PART II. Other significant co LAST LAST LAST PART II. Other significant co LAST	a. C. P. d	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQUENCE OF At not resulting in the consequence of At the consequence of At not resulting in At home, farm, st adde, death occurred and/or investigation	LEROY 4600 ot enter the model i: continued and in the underlying 28. PL OTHER: 4 Nursing Hom BY M 1 Y Irrest, factory, office d at the firme, data 1, in my opinion, de	O. DY! Liberty de of dying, suc to Sfuc cause given in ACE OF DEATH (Ch s S Residence JRY AT RK? ES 2 NO and place, and dus	Part I. 24e. Part I. 24e. 1 Coeck only one) 8 Other (Spe 28d. DESCRIB 1 to the cause(s) time, dete and part of the cause(s) time, dete and part of the cause(s)	SON FILE AVE AVE AVE AVE AVE AVE AVE AVE AVE AV	DOCCURED bor or Rural stated.	Approximatinterval Be Onset and Onse

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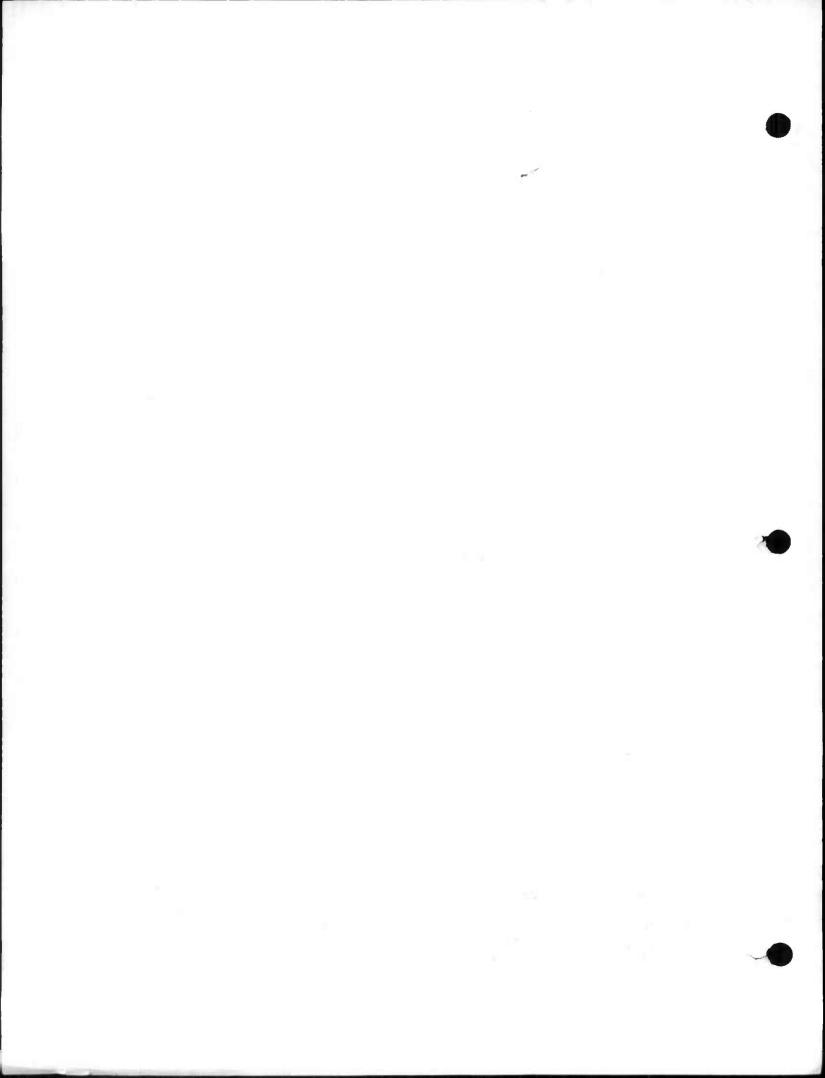
by the hospital or attending physician.	be detached for use as the burial-transit permit. Pages 1,	l at once.
WITH HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Journal after death. Page 6 may be retained by the hospital or attending physici	DATHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

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3 should

93 17309 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH
MONTH
JUNE 7, 1993 DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH GERTRUDE SILBER YEAR 5:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
OCT - 8, 1918 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 1 🗆 M 2 🖵 F DAYS HOURS 218-01-6887 74 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6514 GARDENWICK ROAD BALTIMORE BALTIMORE 10s. STATE 10h, COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 SLADE AVE, APT. 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, etc.) BY IF YES, GIVE WAR OR DATES 1 TYES 2 XNO Specify: Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done thirting most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) OWNER CLOTHING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) SAMUEL HANKIN FREDA **GOSH** BE MRS BARBARA PRESS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6514 GARDENWICK ROAD BALTIMORE, MD 21215 2 20s. METHOD OF DISPOSITION
1 of Burlet 2 □ Cremation 3 □ Re
4 □ Donation 5 ☑ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE SHAARET ZION 6-8-93 ROSEDALE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** and Death disease or condition 10 trestatie CARLINGAR of RT Long 93 reaulting in death) MEDICAL CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA TO YES 2 NO OTHER: ng Homa 5 Residence 6 🗆 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 17 Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 DESTRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, date and piece, end due to the ceuse(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occured at the lims, data and place, and due to the cause(e) and manner as stated.

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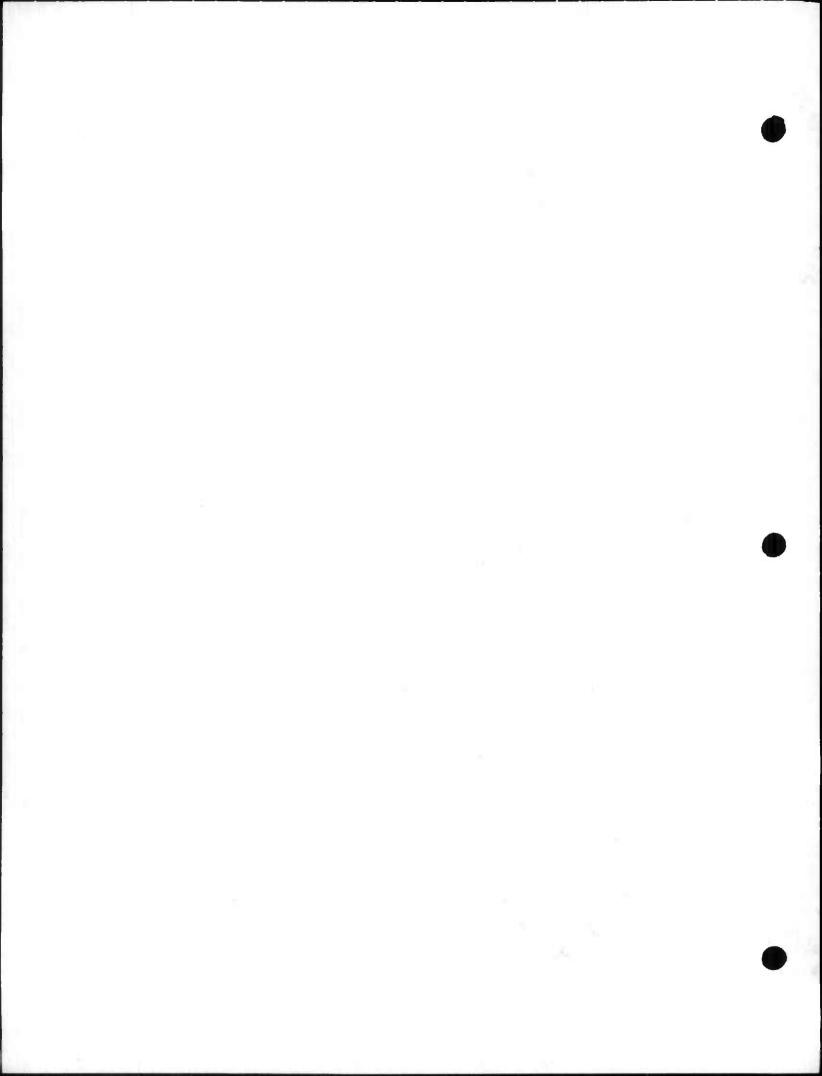
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours efter death. Page 6 may be retained by the hospital or attending physician.

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2.3.4 2.6 968.4	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.		a. BIRT	
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Anthony Saroka 198. MAILHO ADDRESS (Since of Number or Rush Route Number City or Burn, Stein, 20 Code) Beatrice Spurck Vogal 240 Wanda Road, Pasadena, MD 21122 24. METHOD OF REPOSITION 10 Books 2 Chrystofin 3 Removal from State 240 Wanda Road, Pasadena, MD 21122 25. METHOD OF REPOSITION 11 Books 3 Chrystofin 3 Removal from State 250. PLACE AND DATE DEPTISPOSITION (Number of Rush) 26. DATE 250. LOCATION — City or Town, Stein 270. PLACE AND DATE DEPTISPOSITION (Number of Rush) 28. BOOKS 2 Chrystofin 3 Removal from State 29. NAME AND ADDRESS OF FRALITY State Anatomy Board 29. BATT I. Enter the disease, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CARSIC (Price) Board 11/9 3 655 W. Baltimorest, Balto, MD 21201 22. RAFT II. Enter the disease, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CARSIC (Price) Board 11/9 3 655 W. Baltimorest, Balto, MD 21201 23. PART II. Chier significant conditions. BOE TO (OR AS A CONSECUENCE OF): Cause. Enter Under Conditions. DUE TO (OR AS A CONSECUENCE OF): Cause. Enter Under Conditions. DUE TO (OR AS A CONSECUENCE OF): Cause. Enter Under Conditions. Cause. Enter Under Conditions. DUE TO (OR AS A CONSECUENCE OF): Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Conditions. Cause. Enter Under Co			11100021					20016
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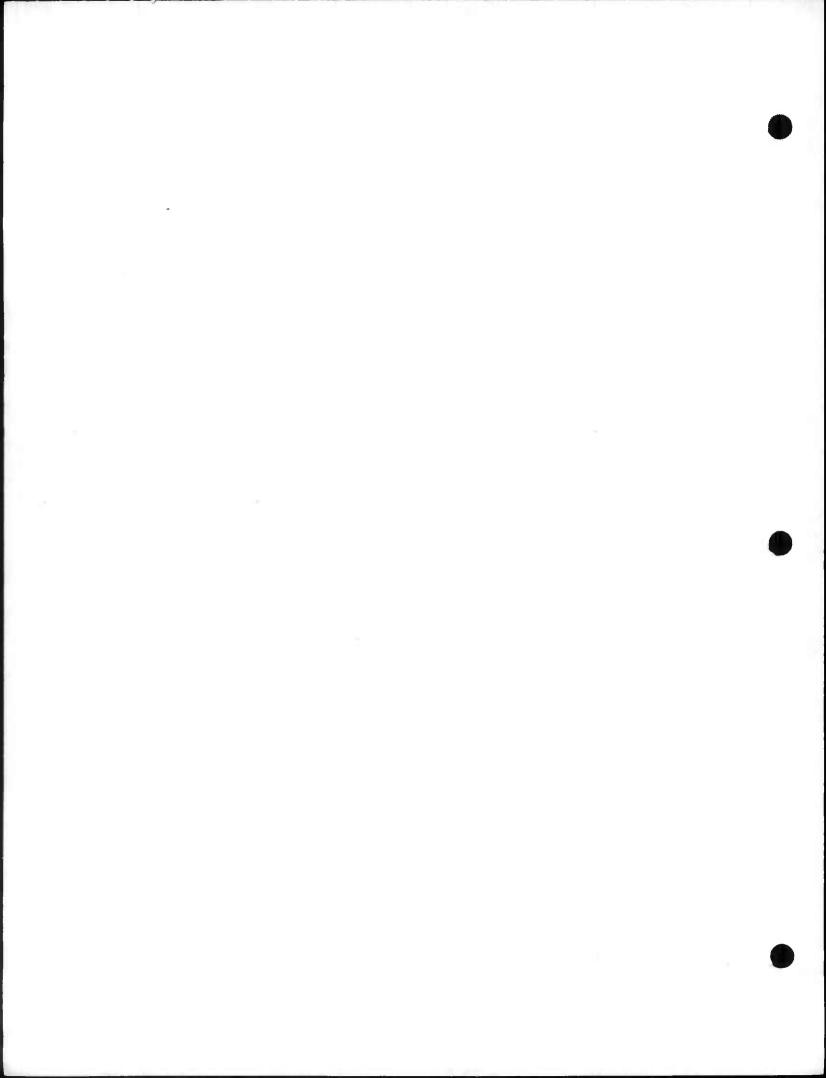
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

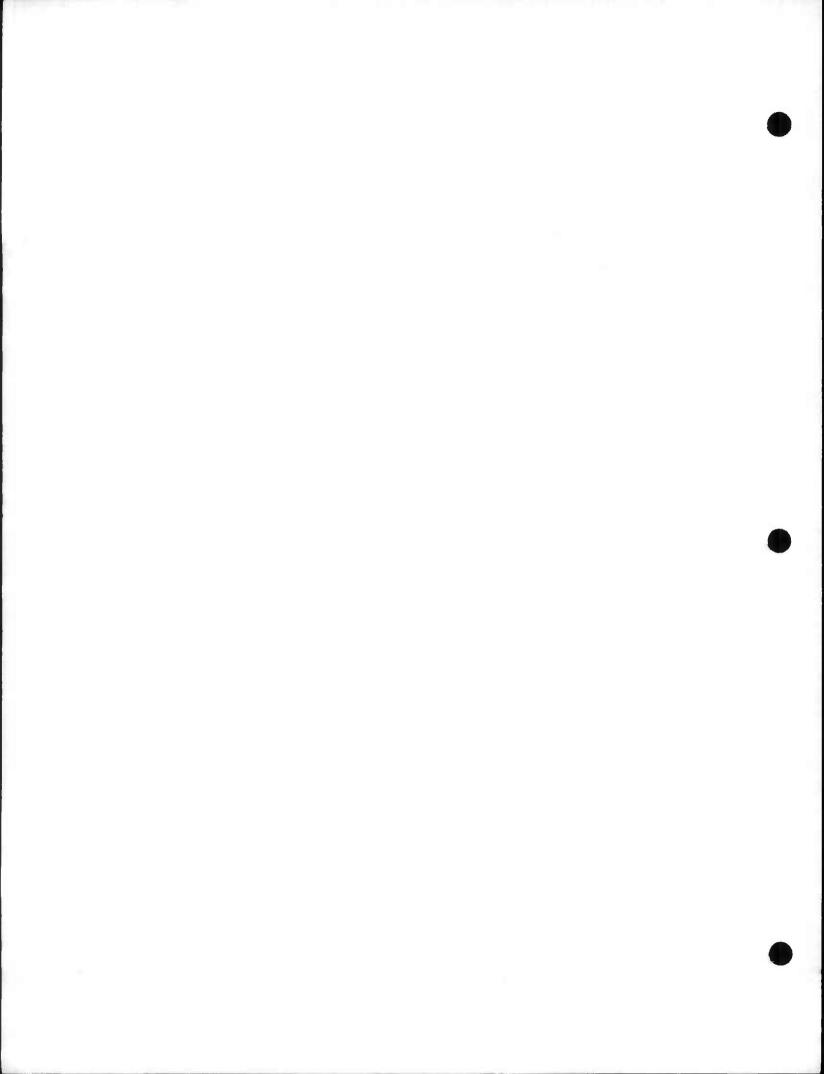
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTA	REG. NO.	E		1011
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		EAR 3.	TIME OF DEATH
	ADRIAN 4. SOCIAL SECURITY NUMBER	(NMN)	STUTTERH			06	10	199	931	134 pm
	285-28-4875	1 ☑ M 2 ☐ F	81 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	0 2	th, Day, Year)	912	DIRTHPL Country) NET	HERLANDS
TOR	HARBOR HOSPITAL BALTIMORE								OF DEAT	H
DIRECTOR	MARYLAND AND	NE ARUNDEL		OWN OR LOCAT						d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 5 HAMPTON ROAL	D		101	21090	Tog. Officer of				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 100	If yes, sp	ENDENT OF HISPAN acity Cuben, Mexica 2 X NO Specify	n, Puerto	N7 (Specify Yes Rican, etc.)		. RACE — Black, W	American Indian, fulle, etc. WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1. 2	UCATION le completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo tired.)	DN st of working		D. KIND OF BUS		PORT	
BE CO		TTERHEIM			16. MOTHER'S NAME NEELTO	SA	FR	ANK		
2		UTTERHEIM			GROVE					MD.21122
	20e. METHOD OF DISPOSITION 1	noval from State Ca	b. PLACE AND DATE OF DI metery, crematory or other I GLEN HAVE	isposition (Na placa) N MEM	ORIAL 6	ARK	9 20c. LOC G L		JRNI	E, MARYLA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FAC	CHUTY S	INGLE			RAL HOME
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to (or as	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):		de of dying, such	1		atory arrest		Approximate interval Between Onset and Death
	PART II. Other significant condition	d.								
PHYSICIAN: MEDICAL	Samuel Control	to contributing to death i	out not resulting in tr	ne underlying	cause given in i		24a, WAS AN / PERFORI	MEO?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIORI TO MPLETION DF CAUSE DEATH? YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MONO	HOSPITAL: 1 ☐ Inpatient 2 € ER/Out		HER:	ACE OF DEATH (Che					
	27. MANNER OF DEATH 1 M Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ	JRY AT AK?		F (Specify)	JURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, street				ATION (Street er or Town, State)	nd Number or F	Rural Route	Number,
COMPLETED		ICIAN: To the best of my know							euse(e) en	d menner ee stated.
IO BE C	1996. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM					onth, Day, Year)
	30 NAME AND ADDRESS OF PERSON WHAT STREET AND ADDRESS OF PERSON WHAT STREE	nas,MD	1589 Rit	chre	Hwy	A	rnole	dIM	Dia	2/0/2
7	JUN 1 5 1993	32. REGISTRAR'S SIGN	Pandon.		/					DHMH-16 Rev 1/89



	TO ATTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE HULFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	3. TIME OF DEATH	
	Howard	E.	Tucker	-		0 6	07 199	YEAR 12:45 PM.	
		1	'in yrs. last birthday) FI	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	B. BIRTHPLACE (State or Foreign	
	215-50-5593	1 🕅 M 2 □ F 46	YRS. MON	THE DAYS	HOURS MIN.	JULY		6 MARYLAND	
	9a. FACILITY NAME (If not institution, give stre	et and number)	9b.	CITY, TOWN C	R LOCATION OF D			TY OF DEATH	
DIRECTOR	1520 Philadelp	hia Road		Joppa			Har	ford	
I BE	MARYLAND HARFO	מסה	JOPP	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	<u> </u>	JOH					1 X YES 2 NO	
FUNERAL	1520 PHILADELPHIA	RD		101	. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
Ne l					210			ODF	
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 V NO	If yes, spe	ecify Cuben, Mexic	en, Puerto Ricar	pecify Yea or No — 1 n, etc.)	4. RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES ^{4 b}	1 TYES	2 NO Speci	fy:		WHITE	
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USU	AL OCCUPATIO	DN .	16h KIA	ID OF BUSINESS/INDU		
H	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work of life, Do NOT use reti	done during mo	st of working			oin)	
립	10	00110g0 (1-4 01 0 4)	NONE			NON	E		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middl	e. Maiden Surneme)		
BE C	ALEXANDER TUC	KER			LILI	LIAN	NEWMAN		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AOD	RESS (Street a	nd Number or Rural	Route Number, C	Olty or Town, State, Zip C	Code)	
5	MRS. ELEANORE ELLE	RIN					ALTO., MD		
	20a. METHOD OF DISPOSITION 1/k] Burlel 2 Cremation 3 Remov	20b	PLACE AND DATE OF DE	SPOSITION /Na		OATE	20c. LOCATION — CH		
	4 Donation 5 Other (Specify)	al from State cem	MTKRO KOD	lace) ESH—BE	TH TSRAI	EL 6/9	/BALTTMOR	E, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	> GUMai	e seem	Woh		EVINSON				
\vdash	23. PART I. Enter the diseeses, or co	molications that caused	I the death De set a				BALTO.		
	snock, or heart fellure. Li	at only one ceuse on e	ach line.	nter the mo-	de of dying, suc	n aa cerdiec	or reepiratory arres	Approximata Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	Carolina	2 . 0-					Onset and Death	
	resulting in death) a.	Cerebral DUE TO (OR AS A	palsy						
		DUE TO (OR AS A	CONSEQUENCE/OF):						
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):						
¥	if any, leading to immediate cause. Enter UNDERLYING		,						
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
듄	resulting in death) LAST								
핑	0.								
AL	PART II. Other algnificent conditions		ut not resulting in th	e underlying	cause given in	Part I. 24s	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO	
EDIC	Arterial hype	elension				10	YES 2 NO	COMPLETION OF CAUSE OF GEATH?	
ME								1 D YES 2 DNO	
PHYSICIAN: M									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	neck only one)			
YSI	1 💢 YES 2 🗌 NO	I ☐ Inpetient 2 ☐ ER/Outp	etlent 3 DOA 4 D	HER: Nursing Home	5 Nesidence	e 🗆 Other (Sp	ecify)		
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI	JRY AT	28d. DEŞCRI	BE HOW INJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	factory, office		201. LOCATIO	N (Street and Number or wn, State)	Rural Route Number,	
2	4 Homicide determined					Ony or 10	, State)		
12	29e. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowl	edge, death occurred at	the time, date	end place, and due	to the causele	end manner as stated		
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of examination	end/or investigation, in	my opinion, de	eath occured at the	time, date end	place, and due to the	cause(e) end manner ae stated.	
	295, STGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				
BE	Donald Z 11	right MA						SIGNED (Month, Day, Year)	
2	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time Prins		O.C.M	.E.	1 06	/08/1993	
	DONALD G. WRIGHT MD				+ D-1	+ +	o Marsa 3	21201	
, /			111 Penn	buree	r, Ral	cimor	e, Maryl	and 21201	
4	JUN 1 5 1993 4	32 MECHIGIAN'S STON	Indian						



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lost) FRIEDA	M. Ti	Hompso	N	2. DATE OF DEATH MONTH D.	7 93	3. TIME OF DEATH		
		5. SEX 1 \(\text{M} \) \(\text{X} \) \(\text{F} \) \(\text{6.9} \) \(\text{74} \)	YRS. MONTHS DA	FUNDER 24 HRS. WE HOURS MIN. WN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 05-07-	19 M	ITHPLACE (State or Foreign intry) ARYLAND		
TOR	SINAI HOSPITAL	9c. COUNTY OF	DEATH						
DIRECTOR	MARYLAND 10b. COUNTY		10c. CITY, TOWN OR L	CATION TIMORE	CITY		10d. INSIDE CITY LIMITS? XX YES 2 NO		
FUNERAL	1101 SAINT	THE DIME		10f. ZIP CODE 21202		U	S.A.		
3 Widowed XX Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: WHITTE									
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Gi	CEDENT'S USUAL OCCU live kind of work done during Do NOT use retired.) SECRETA	g most of working	COURT I	HOUSE	LIBRARY		
BE COM		D. MAIER JE	R.	18. MOTHER'S NA		SCHAUI	3		
5		OMPSON 7	724 BERR	Y STREE	Route Number, City or Town T, BALTIM		21211		
	20a. METHOD OF DISPOSITION **Burlel 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	val from Stata cemetery, cre	AND DATE OF DISPOSITION Imetory or other piece) VEY VALLE	Y MEM.	6-14 TI	CATION — City or	Town, State , MD . 21093		
	21. SIGNATURE OF FUNERAL SERVICE LICE		490	5 YORK R	W. JENKIN OAD, BALTI	MORE, N	SONS		
	23. PART i. Enter the diseases, pr co- ahock, pr heert feliure. Li IMMEDIATE CAUSE (Final disease pr condition resulting in death)	Gastro	eath. Do not enter the	mode of dying, auc	h as cerdlec or respi	ratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury								
CERTIF	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):						
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		8. PLACE OF DEATH (Ch	eck only one)				
HYSI	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)		Home 5 Residence INJURY AT WORK?	8 Other (Specify) 26d. DESCRIBE HOW II	JURY OCCURED	Let .		
. 0. 1	2 Neutral 5 Pending 1 YES 2 NO 2 Accident Investigation 2 PLACE OF IN ILITY At home for great factor of the control of the con								
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, tarm, street, factory,	office	28t. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,		
B	2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER Check only XX CERTIFYING PHYSICI.	building, atc. (Specify)	ath occurred at the time,	data and place, and due	City or Town, State) to the cause(s) and man	ner as stated.			
	2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER Check only XX CERTIFYING PHYSICI.	AN: To the beat of my knowledge, da. On the beat of axamination and/or i	ath occurred at the time, investigation, in my opinion	data and place, and due	City or Town, State) to the cause(a) and man tima, data and place, an	ner as stated. d due to the cause			

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending my THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the two befiled within 72 hours and with the State Dept. of Health and Mental Hygiene prior, or burial, creating, or removed in the marked on item 28 is marked on item 28 shows any Injury or other trainmails event the medical arguments must be marked on item 28. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JUN 1 5 1993

nit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89

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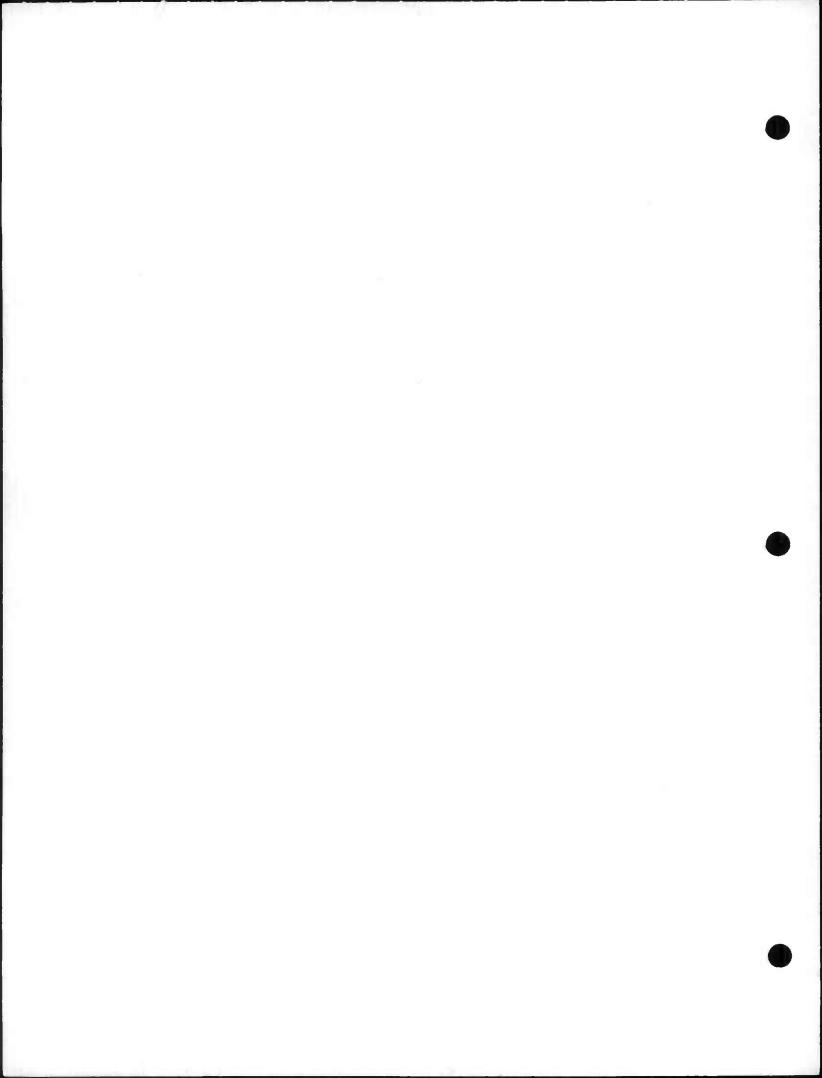
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			EKITE	CALE	OF DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)							F DEATH		3.	TIME OF DEATH
		ELIZABETH	WASHIN	NGTON				JUNE			YEAR	:45 a.m. M
		4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. les	t birthday)	IF UNDER 1 YEA		7. DATE O	F BIRTH		8. BIRTHPL	ACE (State or Foreign
		220-20-9982	1 🗆 M 2 💢	66	YRS.	MONTHS DAY	/B HOURS MIN.		Day, Year) 5-27		Country)	AD
should		9e. FACILITY NAME (If not institution, give a	street end number)			9b. CITY, TOV	YN OR LOCATION OF DE			9c. COUN	TY OF DEAT	
2, 3,	8	THE JOHNS HOPKIN	S HOSPITAL		H	BALTI	BALTIMORE CITY BALTIMOR			IMORE	CITY	
-	DIRECTOR	RESIDENCE OF DECEDENT								DALL	THORL	0111
Page	<u> </u>	10e. STATE 10b. COUNT	*		10c. CITY	, TOWN OR LO						Id. INSIDE CITY LIMITS?
permit. Pages		10e. STREET AND NUMBER				Balti						XYES 2 NO
	ERA	714 E. Chase Stre					101. ZIP CODE					T COUNTRY?
020 physician. burial-transit	N.	11. MARITAL STATUS					21202				J.S.A.	
120 hysic urial	FUN	1 Never Married 2 Merried	12. WAS DECEDENT I	YES 2 XXN	MED IO		DECENDENT OF HISPAI , specify Cuban, Mexico			or No-	14. RACE — Black, W	American Indian, Thite, atc.
the b	B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAF	R OR DATES		1 🗆	YES 2 NO Specif	γ:			Specify:	al-
215-0020 attending physician. se as the burial-trar	입	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BUS	INESS/INDU	Bla	ick
2121 al or att for use	ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(G/	ve kind of w Do NOT use	rork done during	most of working	100.		MILOS/ MIDO	,51111	
D spita	립	llth						1				
the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				h	18. MOTHER'S NA	ME (First, M	ddle, Maiden	Surname)		
2 6 g K	BE					Hattie	Harve	11				
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.		19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS (Stre	set end Number or Rural			7, Stete, Zip (Code)	
be ret ge 5 s	2	Mary Harvell					e Street/B					21202
		20a METHOD OF DISPOSITION **Source 2 Cremation 3 Rem	TO VEHI CAN	20b. PLACE	ND DATE O	F DISPOSITION		OATE	-		aty or Town,	
6 6 mar ector, p		4 Donation 5 Other (Specify)	oval from State	cemetery, crea			-erv	1	Δn	no Ar	Lobaur	Co, MD
TIN Pag		21. SIGNATURE OF FUNEBAL JERVICE LI	CENSEE	1			AND ADDRESS OF FA	CILITY	.I Au	HE AL	muei	CO, MI
BALTIM after death. Page by the funeral dire- moval. Ical examiner in		Ningell	5	(b	200 1	WM.	C.MARCH F.	н /11	Ol E	NIODT	LI AME	ישו זואי
By after of by the moval.	-	23. PART I. Enter the diseases, or	complications that a	70	rux	-						
hours afte ed in by th or remove medical		shock, or heert fellure.	List only one cause	on each line	eth. Do fil	or eurer me	mode or dying, suc	n es cerui	ec or reepii	ratory arre	st,	Approximata intervel Between
24 h filled tion, o		iMMEDIATE CAUSE (Fine)	A	1		,						Onset and Death
760, ad within ompletely II, cremat event, 1		resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):							30		
			DUE 10 (O	H AS A CONSEC	A STEEL):	1					1
executed executed to burial, matic e	NO N	Sequentially list conditions,	b. OUE TO (O	R A CONSEC	HENCE OF	ich	5					de
rau cian	CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING			OLNOL OI	,-						0
ificate physique p	윤	CAUSE (Disease or injury that initieted events	c. DUE TO (O	R AS A CONSEC	UENCE OF):						
P. D. Cert	E	resulting in death) LAST										
deat deat att emtal	빙		a									
= 0 =	¥	PART II. Other algnificent condition	a contributing to de	eth but not n	ecuiting In	n the underl	ying cause given in	Part i.	24s. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
	EDICAL								1 TYES 2		co	MPLETION DF CAUSE DEATH?
11 3 " - 2	ME									0		YES 2 NO
AL RE e law req has been Dept. of 23 sho	ä											
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOSPITAL:				. PLACE OF DEATH (Ch	eck only one,				
F VIT.	Z.	1 TYES 2 THO	1 Inpatient 2 🗆 E	R/Outpatient 3		OTHER: 4 Nursing I	iome 5 🗆 Residence	6 Other	(Specify)			
HYSIC P	E	27. MANNER OF OEATH	28e. DATE OF IN. (Month, Day,		26b. TIME INJU		INJURY AT WORK?	28d. DE\$C	RIBE HOW IN	JURY OCCL	JRED	
ON O DING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation			235.5	4.4	YES 2 NO					
R: After er death		3 Suicide 6 Could not be	26e. PLACE OF II building, atd	NJURY — At hor c. (Specify)	ne, ferm, st	treet, factory, c	ffice		TION (Street a. Town, Stete)	nd Number o	r Rural Route	e Number,
OR ATTENI DIRECTOR: hours after form 28 is	ETED	4 Homicide determined										
	2	29e. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my	y knowledge, des	th occurre	d at the time, o	sate end place, end due	to the cous	e(e) end men	ner ee state	d.	
OSPITAL FUNERAL WITHIN 72 FANT: If	COMPL	one) 2 MEDICAL EXAMINE										id menner se stated.
E OSPI E FUNER G within	E C	29b. SIGNATURE AND TITLE OF CERTIFIE	3				29c. LICENSE NUM	MBER	1	29d DATE		onte, Day, Year)
TO THE OSPI TO THE FUNER BE filed within	0	Ph.00-1	Mo	120	>		141	5		16	Fin	27
1795=	٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type,	Print)		, O !		~	2-11	0
		PHILLIP DO	NN15 /	40 C	h D	-	LYL OWR)	10	74 W			
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SSIGNATURE	7	-	umere)	7-3	• • • •			
	1	JUN 1 5 1993	3 Julia Da	widson A	nde 12							

ANE	he hos	detache	once.
MARYL	retained by t	e should be	notified at
ORE,	5 тау be	for, page	ust be
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After the contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the Same Director of Health and Mental Hydrone prior to burial, cremation, or removed.	IMPORTANT: If Item 28 is marked, or Inem 23 shows any injury, or other traumatic event, the medical traminar must be notified at once.
8	4 hours after	illed in by the	e medical
,09	3 within 2	mpletely f	event, th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e be executed	sician and co	traumatic e
.O. B	n certificat	nding phy Hygiene p	or other
aDS, I	if the deat	by the atte	Injury,
ECOF	equires tha	en signed l	hows any
TALF	The law r	atte has be	mm 23 s
F	SICIAN	S add	ů
O N O	ING PHI	OTHER WAS	marke
S	TEND	after d	28 is
2	OR A	DIREC	item
_	PITAL	JERAL in 72	TT: 14
	TO THE HOS	TO THE FUNERAL DIRECTOR: Amy one centrem has been signed by the attending physician and completely filled in by the the filed within 72 hours after death with the Share Direct of Meath and Mental Hydiene prior to burial, cremation, or remove	IMPORTAN

	1 - FOR STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	Verna DeSilver Weaver			June 1	3 19 5 3	6:00 P₩		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in 1	Count	HPLACE (State or Foreign iry) Iryland					
or.	9e. FACILITY NAME (If not institution, give street and number)	96.	CITY, TOWN OR LOCATION OF E	PEATH	9c. COUNTY OF	DEATH		
DIRECTOR	1631 Northbourne Road		Baltimore					
HE SE	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland		Baltimore			1 X YES 2 NO		
RAL	16. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF			
FUNERAL	1631 Northbourne Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	39		d States				
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X10	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X NO Speci	an, Puerto Rican, atc.)	Spec	E — American Indian, k, White, atc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
Ä	Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN	Iffe. Do NOT use ref	red.)					
S S	17. FATHER'S NAME (First, Middle, Last)	HOM	emaker	AME (First, Middle, Maiden				
	Thomas Wilson Diven			lizabeth N				
) BE	19e. INFORMANT'S NAME (Type/Print)	196. MAILING ADD	RESS (Street end Number or Rural					
2	Mr. Harry J. Weaver		rthbourne Road			and 21239		
		LACE AND DATE OF DI			CATION — City or To			
	4 Donation 5 Other (Specify) Dul 2	aney Valley	Mem. Gdns. 6/17		timore Ma	aryland		
	· Malio I Dal		Leonard J. F	Ruck, Inc.				
	23. PART i. Enter the diseases, or complications that caused the	he death. Do not a	5305 Harford	Rd. Balt	imore.	21214 Approximate		
1	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events are caused to the cause of the							
ERTI	resulting in death) LAST							
AL C	PART II. Other significant conditions contributing to death but	not resulting in th	e underlying cause given in	Part I. 24a, WAS AN	AUTOPSY 24b	. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	ASUD		V	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
z								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERS HOSPITAL:	ОТ	28. PLACE OF DEATH (CI	neck only one)				
\$	1 VES 2 NO 1 Inpatient 2 ER/Outpatie	ent 3 DOA 4	Nursing Home 5 Residence	8 Other (Specify)				
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCUREO			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street	, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural I	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of axamination or					e) and menner or stated.		
	29b. SIGNATURE AND TITLE OF CHITTIER		29c. LICENSE NU		29d. DATE SIGNED			
TO BE	Havril old och	7	D167	70	▶ 6-14	1-93		
			organ Building					
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	JUN 1993 Guile Devident front	مال						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	ECTUR After this certificate has been signed by the attending physician and completely filled in by the funeral direct	In the common with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

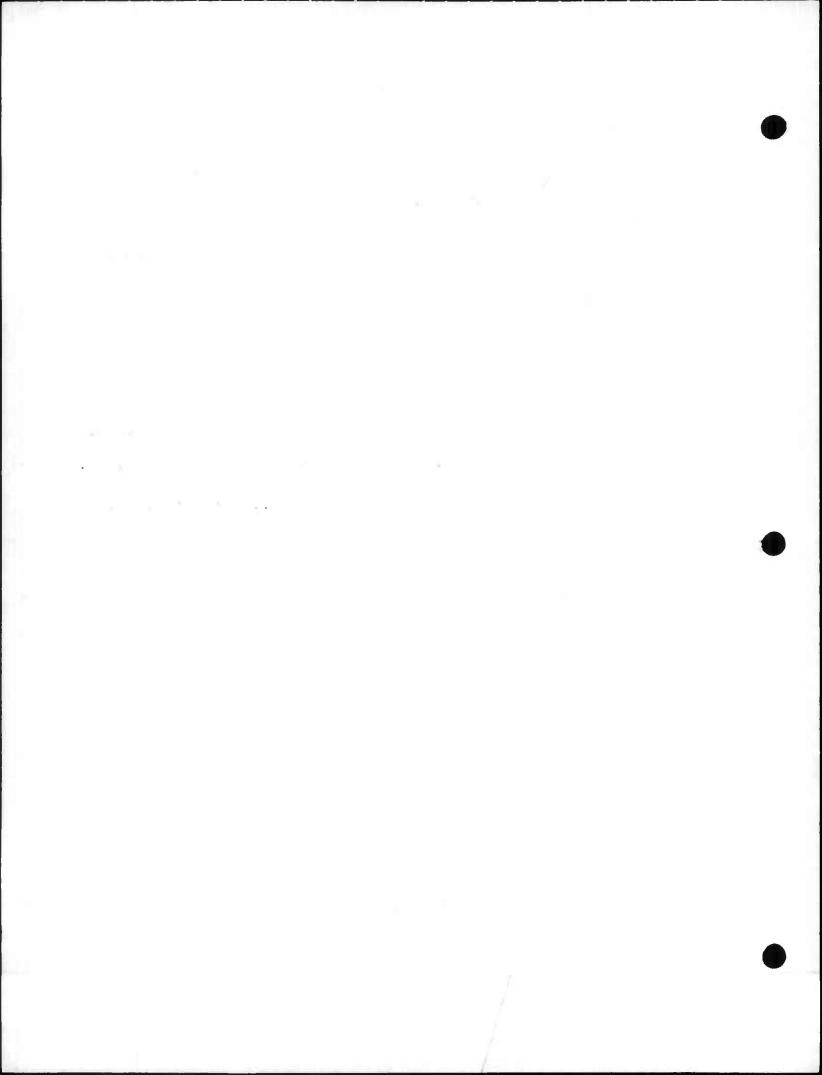
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SSE SALOMON 06/ 03 246 0 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 220-96-4170 1 M 2 F 89 May 22,1904 Russia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hebrew Home of Greater Wash. Rockville RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Montgomery Rockville 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10500 Rockville Pike 20852 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) -4-Journalist Journalism 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Moses Wassertzug Tova Werner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 9 Mashe Wassertzug 10500 Rockville Pike Rockville, Md. 20852 pe 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Lebanon Cemetery 6/10 Adelphi, Md 21. SIGNATURE OF PUNGSAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Falls Church, Va. Homes 22046 medical 23. PART I. Enlar the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death marked, or item 23 shows any injury, or other traumatic event, the 515 disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) RESSURE ULCER CTED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury 1 SO NISAM - DEMENTIA COMPLEX that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TYES 2 NO e 5 🗆 Residence 6 🗀 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) .12 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 22 4 Homicide MPORTANT: If itsm 29a, CERTIFIER 1 DE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OP CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29e. LICENSE NUMBER 08 8 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRES 16 Montrose 2 6 P. REGISTRAR'S SIGNATURE 31. DATE FILED (MC 1993



3. TIME OF DEATH

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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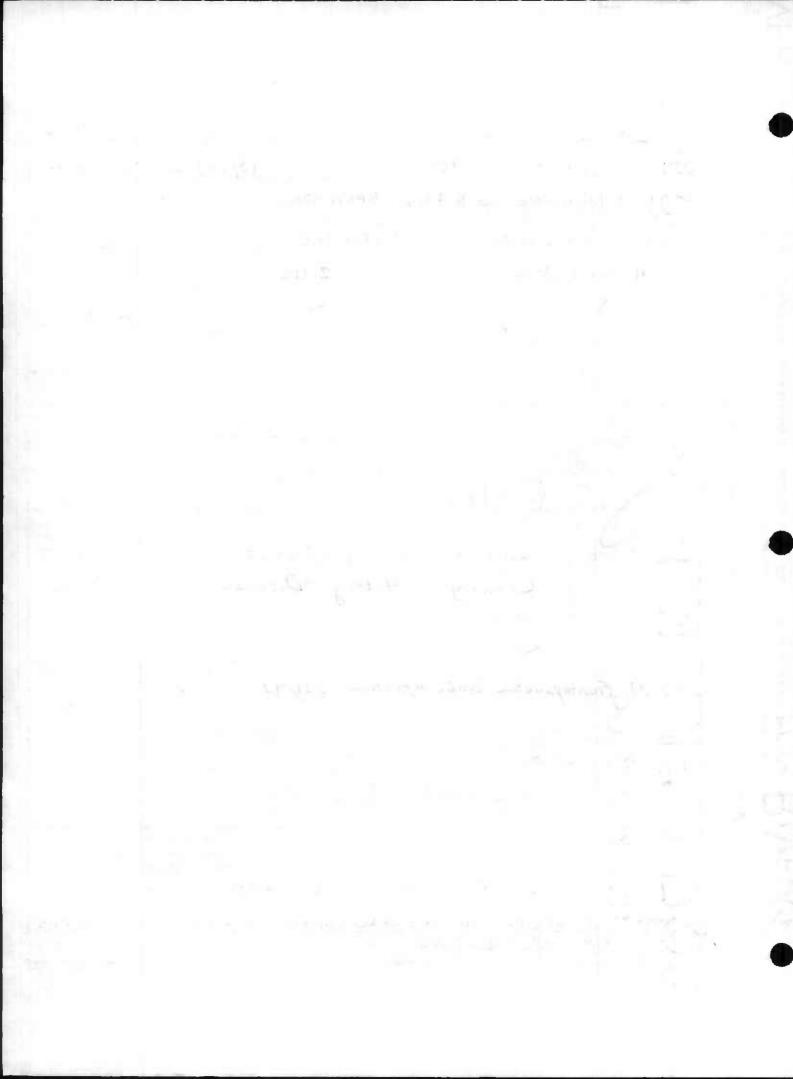
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WEILL Ine OUIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 90 10/28/02 054-24-0984 1 M 2 - F SLOVAKIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH Levindale Hebrew Gerictric Center & Hosp. BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MO 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3811 Menlo Drive USA after death. Page 6 may be retained by the hospital or attending physician. 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 5 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY XXXWidowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Glum kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade BRUSH MAKER Elementary/Secondary (0-12) College (1-4 or 5+) MANUFACTURING COMPL 12 n by the funeral director, page 5 should be detached removal. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CORNELIA FURST 福 WILHELM WEILL BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. INFORMANT'S NAME (Type/Print) ERNEST WEILL 2 BALTIMORE, MD 3811 MENLO DR. Pe 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory of other place)
BETH ISRAEL 6, 20s. METHOD OF DISPOSITION
1 Description 2 Cremetion 3 M Removal from State
4 Donetion 5 Dother (Specify) 20c. LOCATION — City or Town, State must 6/11/93 WOODBRIDGE, NJ examiner 21. SIGNATURE OF FUNERAL BERVICE LICEN 22. NAME AND ADDRESS OF FACILITY BROS. / INC. 6010 REISTERTOWN RD. BALTO., MD 21215 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximate** ock, or art feliure. List only one ceuse on eech line. Interval Between 6 IMMEDIATE CAUSE (Fidal **Onset and Death** signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the within 24 ardiopulmonary diseese or condition nuediate recuiting in death) event. DUE TO (OR AS A CONSEQUENCE OF): Years DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 ame Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL MAJLABLE PRIOR TO COMPLETION OF CAUSE Frontoporietal brain infanction shows any 1 TES 2 NO OF DEATH? 1 TYES 2 NO has been s 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? this certificate h with the State [Item HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) eatlent 2 - ER/Outpatient 3 - DOA marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural
2 Accident 1 YES 2 NO DIRECTOR: After the hours after death v BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined -00 ETED. 4 Homicide Item 28 29e. CERTIFIER
(Check only one)

2 MENICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. DR COMPL TO THE HOSPITAL TO THE FUNERAL CE be filed within 72 h 2 MEDICAL EXAMINER: On the basis of exa tion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 MO. 035408 93 2 30. NAME AND ADDRESS OF BARRY 0. STEIN Pept, of Rehabilitation Med Smaithorp Balt. Balt. MD 21215 MO. JULY DRUGGER - HONDER DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



		1 - FOR STATE REGISTRAR	STATE OF MARYL			TMENT OF H		MENTAL HYGIE		17318
		1. DECEOENT'S NAME (First, Middle, Last)	IDA.	IDA		WEINER		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
<u>p</u>		4. SOCIAL SECURITY NUMBER 218-40-0757	10 11 2 11 1	(In yrs. last b	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/25/19	6. E	BIRTHPLACE (State or Foreign ARYLAND
, 2, 3 should	TOR	96. FACILITY NAME (II not institution, give NORTHWEST HOSPITA	street and number) AL CENTER			RANDALL	STOWN OF D	EATH	BACTIM	SRETH .
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT BALTI	MORE		'owI	NGS MICE	ign S			10d. INSIDE CITY LIMITS? 14 YES 2 NO
1Sit	FUNERAL	2 SITTEROOT CT.,			USA					OF WHAT COUNTRY?
21215-0020 all or attending physician. for use as the burial-transit	TO BE COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married \$\int_{\text{\tinx}\text{\ti}\text{\texict{\text{\text{\text{\tex{\text{\texi}\texititt{\text{\texitil{\texitt{\texit{\texiclex{\texiclex{\texi\texi{\texi{\texit{\texi{\texi{\texi{\texi{\t	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					RACE — American Indian, Black, White, etc.
21 21 10 10 10		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Ghm	kind of v	USUAL OCCUPATION Work done during mode retired.) FE	ON st of working	16b. KIND OF B	USINESS/INDUST	RY
5 € € €		17. FATHER'S NAME (First, Middle, Last) NATHAN ROSENKO)FF				18. MOTHER'S NA SARAI	AME (First, Middle, Maidle)	on Surnome) NEMITZ	
6 may be ctor, page		19a. INFORMANT'S NAME (Type/Print) MR. JEROME S. WEIN		73	301	PARK HEI	GHTS AVI	Route Number, City or T. E. / APT. 3	BOL BAL	TO.,MD 21208
		20e, METHOD OF DISPOSITION Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	coval from State	OHEB"	SHA	DEDISPOSITION (Na LOM 6/	me of '9/93	1	TIMORE,	
		21. SIGNATURE OF FUNERAL SERVICE LI	ensee Levin	20	n		VINSON TO	BROS., I	INC. BALTO.,	MD 21215
within 24 hours apletely filled in termation, or religent, the medicent, the medical second s		MANAEDIATE CALICE (EL)	a. COMP UP TO FOR AS A	ech line.						Approximata Interval Between Onset and Death
BOX 68/ ficate be execute physician and or ne prior to buria her traumatic	FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQU	ENCE OF	ŋ: 	heant	- DILPHI	C	
DS, P.O. the death certi the attending Mental Hygie	CERTIFI	resulting in death) LAST	d							
uires that the signed by the Health and M was any Inju	MEDICAL	PART II. Other algnificent condition	a contributing to death b	ut not rea	witing i	n the underlying	cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL RI le law req has been Dept. of		25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OEATH (Ch	mack naturane)		1 TYES 2 NO
SICIAN: The certificate h the State h	PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			OTHER: 4 Nursing Home	5 🗆 Residence	6 Other (Specify)		
DING PHYSICIAN: After this certifica death with the St s marked, or It	ВУ РН	1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		26b, TIMI INJ	M 1 Y	RK? ES 2 NO	28d. DESCRIBE HOW	/ INJURY OCCURE	D
2 1 2	ETED	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spec	— At home	o, ferm, s	traet, factory, office		261. LOCATION (Stree City or Town, Stat	t and Number or Rule)	irel Route Number,
No. 11 Hours	COMPL		CIAN: To the best of my knowl R: On the basis of examination							se(s) and manner as stated.
TO THE HOSP TO THE FUNE De filed within	TO BE	29h, BIGHAYUBE AND TITLE OF CERTIFIE	em 1	n			29c. LICENSE NUI	WBER	29d. DATE SIG	NED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF OEL	ATH (ITEM 2	27) (Type,	Frint)	therry	Monn	Phone	1/stocm 2/13
	5	JUN 1 5 1993 34	he Deviden-Hork	AUTO.	,					

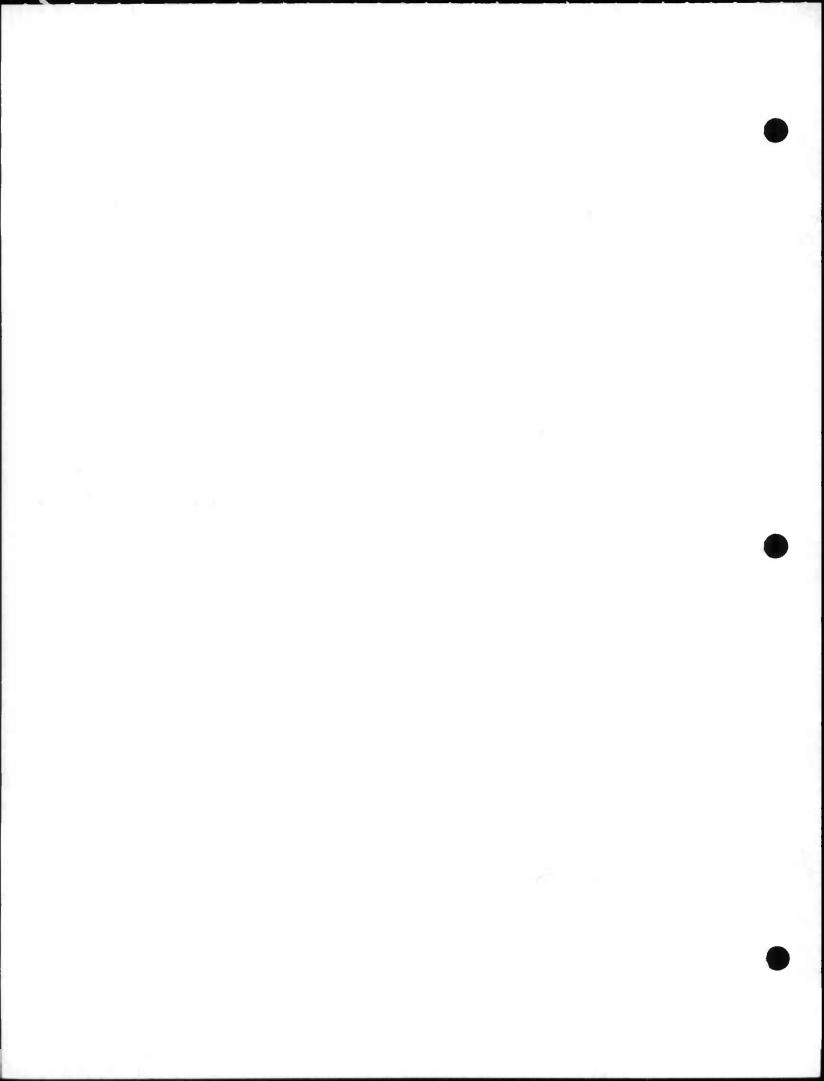
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	IENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) ARTHUR	NMN	WE:	ISMAN		2. DATE OF DEATH	4 9:	3. TIME OF DEATH O1:55 AM
	4. SOCIAL SECURITY NUMBER 076-28-2966	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12-24-1904 NEW YORK					
OR	NORTH ARUNDEL HOSPITAL ASSOCIATION 9b. CITY, TOWN OR LOCATION OF DEATH A. A. CO							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND ANNE ARUNDEL SEVERN							10d. INSIDE CITY LIMITS? 1 YES 2 T NO
FUNERAL	to, CTOCCT AND WHATED						OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2)(40	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. If yes, specify Cuban, Mexican, Puerto Rican, etc.)				RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	16a, DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo lired.)	st of working	166. KIND OF BUI	SINESS/INDUST	TRY
	17. FATHER'S NAME (First, Middle, Last)	WEISMAN	TAXI D	KIVEK		ME (First, Middle, Malden		KNOWN
TO BE	19e. INFORMANT'S NAME (Type/Print) JOEL WE	ISMAN	19b. MAILING ADD	ANZA	nd Number or Rural R	SEVERN,	n, State, Zip Coo MARYL	AND 21144
	20e. METHOD OF DISPOSITION 1 Burlel 2/Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State ceme	PLACE AND DATE OF DI tary, crematory or other p ETRO CRE	MATOR	Y	663 BAI		E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	26		l SEC	OND AVE	G., S.W.,	GLEN	UNERAL HOME BURNIE, MD. 21061
Z	23. PART I. Enter the diseees, or complete the control of the cont	liet only one cause on eed	cn line.		8.0	as cerdiec or respi		Approximete intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death but	t not resulting in th	e underlying	ceuee given in i	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL: 1 Inpatient 2 ER/Outpat		HER:	ACE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI WOI	JRY AT RK?	28d. DESCRIBE NOW II	NJURY OCCURE	ED .
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	At home, ferm, street	, factory, office		281. LOCATION (Street e City or Town, State)	and Number or R	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICE 2 MEDICAL EXAMINER	IAN: To the best of my knowled: On the beele of examination	dge, death occurred at end/or investigation, in	the time, date	end place, and due to	to the cause(s) end man	iner as stated.	use(e) and manner ee stated.
H	296. BIGNATURE AND TITLE OF CHATTEEN	11	~~	`	29c. LICENSE NUM	BER SOP	29d. DATE SIG	GNED (Month, Day, Year)
OT.	30. NAME AND ABORESS OF PERSON WHO WU CHARLES, M. I			"#206/G	LEN BURN	IE, MD 210)61	
6	31. JUN-11/15, 1993 &	12:059 DAR 5/04	450G					



STATE OF MARYL				HYGIENE
	CERTIFICAT	E OF DEA	ГН	REG. NO.

		1 - STATE STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND MENTAL NTE OF DEATH	HYGIENE REG. NO.	
	4	1. OECEPENT'S NAME (Figst, Middle-Last) ROBERT A.	2 DATE (OF DEATH OF 1993 3. TIME OF DEATH	M
101		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) FU 75 YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. 7. DATE C (Month,	OF BIRTH Dey, Year) - G - 17 B. BIRTHPLACE (State or Foreign Country) W. Va	
	OR	Sinai Hospital E	CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH	
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TO Ba	NN OR LOCATION	10d. INSIDE CITY LIMITS?	
physician. burial-transit permit. Pages 1,	FUNERAL (100. STREET AND NUMBER 2105 3 rd Ave	101. ZIP CODE 2 (2 UT)	1 VES 2 NO	-
		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES CIVE WAR OR DATES	13. WAS OECENDENT OF HISPANIC ORIGIN: If yes, specify Cuban, Mexican, Puerto R 1 ☐ YES 2 NO Specify:		
r attending	тер ву	15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16s. OECEDENT'S USUM (Give kind of work of	L OCCUPATION 16b.	KIND OF BUSINESS/INDUSTRY	<u>, </u>
hospital o ached for	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	od.)		
be det	BE CO	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, M		
y be retained bage 5 should	6	Elizabeth Oliver 2105	Third Ave	Baltond 21207	
mestor, p		20b. PLACE AND DATE OF DISPOSITION 10 Burial 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE	Cey 1/16/9	20c. LOCATION - City or Town, Stata Gansdown, Md	
		Sala March	22. HAME AND ADDRESS OF FACILITY 4300 Way	ast fre	
24 hours at filled in by tion, or rem the medic		23. PART I. Enter the diseases, or complications that coused the deeth. Do not enshock, or heart feliure. List only one couse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		lec or respiretory strest, Approximate Interval Between Onset and Death 2 minutes	h
executed within 24 and completely fill o burial, cremation, matic event, the	_	DUE TO (OR AS A CONSEQUENCE OF):		12 hours	_
rior t	RTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		-	_
th certification of the certif	ERTIFI	CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST			
hat the death by the atten and Mental h	CAL CE	PART II. Other significent conditions contributing to death but not resulting in the	200	24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO AUTOPSY FINDINGS	
w requires that been signed by or. of Health an shows any	: MEDIC	Location) Mental Returdation		1 YES 2 THO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN: The law certificate has be the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTI	26. PLACE OF DEATH (Check only one	,	
ING PHYSICIAL frer this certification with the marked, or		27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY	WORK?	(Specify) CRIBE HOW INJURY OCCURED	1
TTEND TOR: A after d	FED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	factory, office 28f. LOCA	TION (Street and Number or Rural Route Number, r Town, State)	1
OR CHANGE	COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at t			1
TO THE HOSPITAL TO THE FUNERAL I Be filed within 72 h IMPORTANT: If I	BE CO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in a 29b. SIGNATURE AND TITLE OF EXAMINER:	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)	-
5 5 3 M	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	Sinai Homita	VMNL 9,1993	+
1		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	יוועו וטווון	11 01 Lujiinore	1
L	1	JUN 1 5 1993 Julio Davidson Janear		OHMH-16 Rev 1/6	

DHMH-16 Rev 1/89

is law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

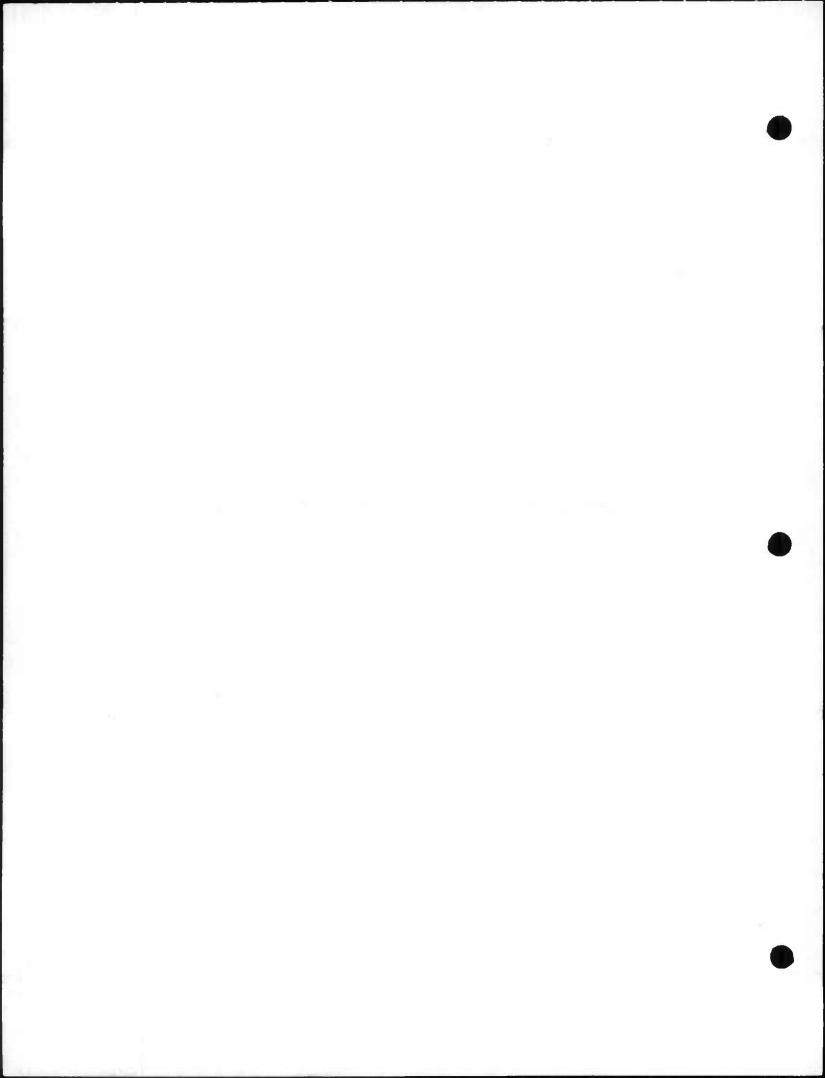
The standard physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to Health and Mental Hygiene prior to burial, cremation, or removal.

23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

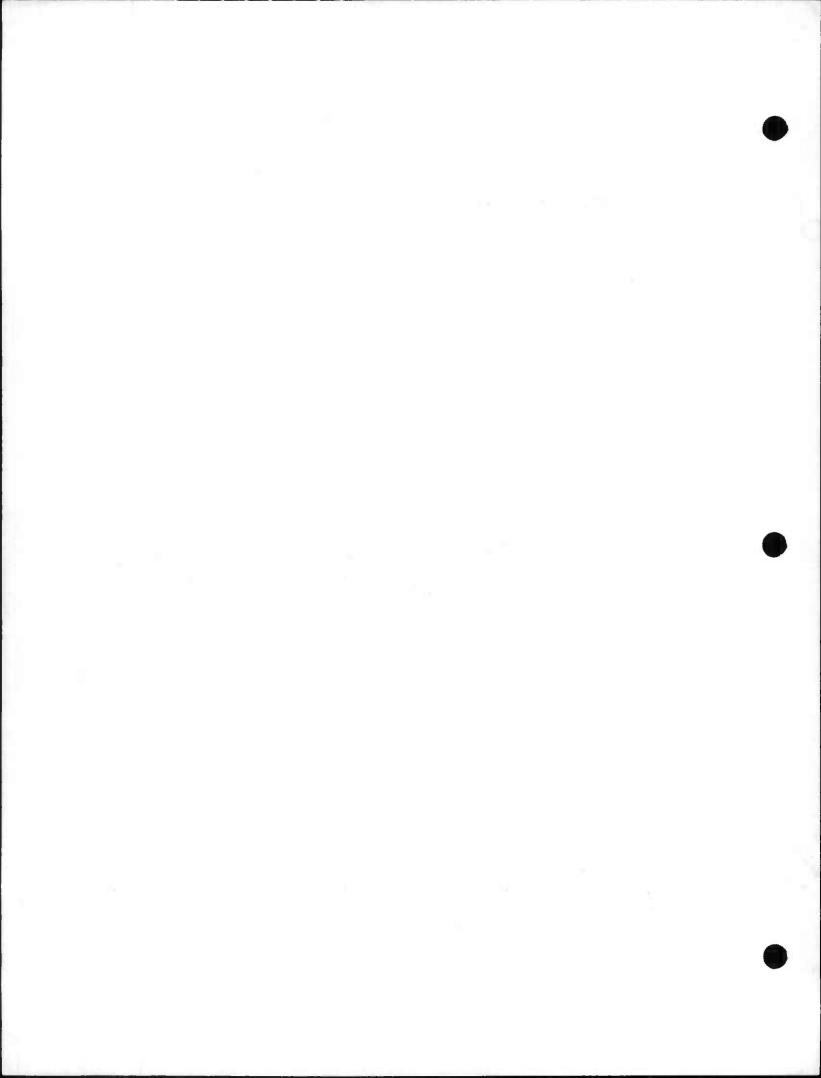
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-	TAL OF	WL OF	22 150	If Iten
1	SPITAL DE	NERAL DIR	hin 72 had	NT: If Iten
-	HOSPITAL DR	FUNERAL DE	within 72 had	TANT: If Iten
-	THE HOSPITAL DR	THE FUNERAL DE	iled within 72 had	PORTANT: If Iten
	TO THE HOSPITAL OF	TO THE FUNERAL CHE	be filed within 72 had	IMPORTANT: If Iten
	TO THE HOSPITAL DR	TO THE FUNERAL DEFECTION AND this certificate his	be filed within 72 had	IMPORTANT: If item 28 is marked, or item

	1 - STATE REGISTRAR	STATE OF MA		DEPAR					MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEAT	Н
		YLE			WALI	KER			0 6	07	199	YEAR 93	9:45	AM
	4. SOCIAL SECURITY NUMBER	I I	AGE (In yrs. le:		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTI	PLACE (State or Fo	reign
	228-19-9877	1 🛚 M 2 🗆 F	20	YRS.		200			Sept.		1972		" ssachuse	tts
<u>~</u>	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
DIRECTOR	RESIDENCE OF DECEDENT	CONOWINGO DAM HARFORI									ORD			
1 %	10a. STATE 10b. COUNTY	٧		10c. CIT	Y, TOWN	OR LOCAT	ION			<u>-</u> -	-		10d. INSIDE CITY	
	Virginia Fair	fax		He	rndo	n							LIMITS?	NO
PAL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZ	EN OF	WHAT COUNTRY?	
FUNERAL	3239 Betsy Lane	[220				U.S	.A.		
	1 Never Married 2 Married FORCES? 1 YES 22 NO If yes, specify Cuban, Mexic						an, Puerto Ri	(Specify Ye can, etc.)	a or No—	14. RACI Black	E — American India k, Whita, atc.	ın,		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 YES	2 X X NO	Specif	fy:			Spec	White	
9	15. DECEDENT'S EDU- (Specify only highest grade			CEDENT'S					16b. I	KIND OF BU	SINESS/INDU	JSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	Do NOT u	e retired.)	somy mo	ot or working	9	:					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	2	S	tude	nt							gin	ia Tech)	
	Lyle E. Walker								AME (First, Mi	ddle, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a		_	Kerr	c City on Toy	in Chata Zin	Codel		
2	Lyle and Nancy Wa	alker							ndon,				7 1	
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem	III. Zensa	20b. PLACE	ANDDATE	OF DISPOS	ITION /Na		1101			CATION - C			
	4 Donation 5 Other (Specify)		Stone	wall	Memo	ory (Garde	ens	6/16	Man	assas	, V:	irginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .			22.	NAME AN	D ADDRES	S OF FA						
	Longel L	· Office											. 22110	
	23. PART I. Enter the diseeses, or of shock, or heart fellure.	complications that cr	on each ile	ath. Do r	ot enter	the mo	de of dyl	ng, suc	ch as cardi	c or resp	Iratory arre	st,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition												Onset and	
	resulting in death)	s. Multi	pole c	nji	nu	1								
-		DOE 10 (ON	AS A CONSE	JUENCE O	*):									
흔	Sequentially list conditions, if any, isading to immediate	DUE TO (OR	AS A CONSE	DUENCE OF	F):									
S	Cause. Enter UNDERLYING CAUSE (Disesse or Injury	с												
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSE	DUENCE O	F):									
CERTIFICATION		d											-	
4	PART ii. Other eignificant condition	e contributing to des	ath but not r	esulting	n the un	derlying	ceuse g	iven in	Part I.	4a. WAS AN		24b	WERE AUTOPSY FIN	
음									_ 1	YES 2			AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	
¥													1 YES 2 N	D
AN	25. WAS CASE REFERRED TO MEDICAL											1_		
100	EXAMINER? 1 X YES 2 NO	HOSPITAL:			OTHER	R:		-	neck only one)		D 11			
1 27		1 Inpatient 2 ER	URY	28b. TIM		28c. INJU		sidence	8 X Other (DAN			
主	27. MANNER OF DEATH	28a. DATE OF INJ	(nar)	INJ	URY	WOI	RIC?		SUB	JECT	STRU	ľČK	BY AN	
Y PHYSICIAN: MEDIC	1 Netural 5 Pending	(Month, Day, Y	*											
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide a Could not be	(Month, Day, V 06/07/ 28a. PLACE OF IN	/1993 JURY - At ho			4.4		NO	EXC 28f. LOCAT	ION (Street	ION N	AACI or Rural F	Oute Number,	
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, V	JURY - At ho (Specify)			4.4		NO	City or	AVAT TON (Street : Town, State) FORD	ION N			AND
à	1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only)	(Month, Day, V 06/07/ 28a. PLACE OF IN building, etc. CONOW I	JURY — At ho (Specify) NGO I	me, farm, s OAM ath occurry	treel, fact	ory, office	and place,	and dua	HAR	FORD (a) and mar	COUN	VTY	MARYL	
B	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be detarmined	(Month, Day, V 06/07/ 28a. PLACE OF IN building, etc. CONOW I	JURY — At ho (Specify) NGO I	me, farm, s OAM ath occurry	treel, fact	ory, office	and place,	and dua	HAR	FORD (a) and mar	COUN	VTY	MARYL	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only)	(Month, Day, V	JURY — At ho (Specify) NGO I	me, farm, s OAM ath occurre	treel, fact	ory, office	and place,	and dua	HAR	FORD (a) and mar	COUNT COUNT	d.	MARYL	
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER COMMANDAL 4 COULD not be detarmined 20c CERTIFIER (Check only one) 25 MEDICAL EXAMINE	(Month, Day, V 06/07/ 28a. PLACE OF IN building, stc. CONOW] CIAN: To the best of my R: On the basis of axami	/ 1993 JURY — At ho (Specify) INGO I knowledge, de ination and/or i	DAM ath occurre nvestigatio	od at the ti	ory, office	and place, path occurs 29c. LICE	and dua	HAR:	FORD (a) and mar	COUNT COUNT	d. cause(a	MARYL	
COMPLETED BY	1 Netural 2 Accident 3 Sulcide 4 Homicide 20a. CERTIFIER (Check only one) 21 MEDICAL EXAMINE 29b. SYGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	(Month, Day, y 06/07/ 28a. PLACE OF IN building, stc. CONOW I CIAN: To the beat of my R: On the beat of axaml	/ 1993 JURY — At ho (Specify) INGO I knowledge, de ination and/or i	M 27) (Type,	od at the ti	me, data	and place, path occurs	and dua ed at the NSE NUI C • M	HAR to the cause ilms, data as	FORD (a) and mai	COUNT COUNT	NTY d. cause(a	MARYL and manner as ste (Month, Day, Year) 3 / 1993	ited.
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER COMMANDAL 4 COULD not be detarmined 20c CERTIFIER (Check only one) 25 MEDICAL EXAMINE	(Month, Day, y 06/07/ 28a. PLACE OF IN building, stc. CONOW I CIAN: To the beat of my R: On the beat of axaml	JURY — At ho (Specify) INGO I knowledge, de nation and/or i	M 27) (Type,	od at the ti	me, data	and place, path occurs	and dua ed at the NSE NUI C • M	HAR:	FORD (a) and mai	COUNT COUNT	NTY d. cause(a	MARYL and manner as ste (Month, Day, Year) 3 / 1993	ited.



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		1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	MENTAL HYGIEN REG. NO.	_		
		1. DECEDENT'S NAME (Girst, Middle, Last)	110	/	Willian		2. DATE OF DEATH		3. TIME OF DEATH	
	1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.			7. DATE OF BIRTH	199	BIRTHPLACE (State or Foreign		
29		219-74-7887	1√5 M 2 □ F	34 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05-04-59		MD	
3 should	00	9a. FACILITY NAME (If not institution, give st	'eet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
~i	D.	UNION MEMORIAL HOSPITAL			I	BALTIMORE		<u></u>		
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY			altimo			10d. INSIDE CITY LIMITS?		
ermit.		10e. STREET AND NUMBER				of. ZIP CODE		YES 2 ☐ NO		
Sit	IERAL	3613 Old York	Rd.			21218			usa	
21215-0020 all or attending physician. for use as the burial-transit	BY FUNI	11. MARITAL STATUS A.C. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 T/NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica \$225 NO Specif	NIC ORIGIN? (Specify Yes in, Puarto Rican, atc.) y:		RACE — American Indian, Black, Whita, etc. Specify: Black	
215 atten	8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATI work done during m	ION lost of working	SINESS/INDUST	(RY		
MARYLAND 212- retained by the hospital or att 5 should be detached for use notified at once.	COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine Do NOT u Draf	se retired.)		B	uildir	ng	
AN the hos detach	COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)		
RYL ed by uld be	1.1	Leolia Mck. Wi	11iams	To the same of the			ian D. Ro		1 1	
MAR e retained t e 5 should	5	Marion Robinso	n	196. MAILING	13 Old	York R	Acute Number, City or Town	n, State, Zip Coo	21213	
IORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 Ramo	val from State con	netery, cremetory or of	OF DISPOSITION (Nother place)	lame of		CATION — City	C	
Page la direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIFE		ing Mem		Park ND ADDRESS OF FA		Balt	imore,MD	
BALTIMORE, MARYLAND after death. Page 6 may be retained by the hospit by the huneral director, page 5 should be detached movel.		James A. Morton and Sons 1701 Laurens St. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate								
	1	23. PART I. Enter the diseases, or c shock, or heart fallure. I	omplications that caused list only one cause on e	d the death, Do i	not entar the me	oda of dying, suc	h as cardiac or respi	retory errest,	Approximate interval Between	
24 lien.		iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	CNS	s Te	XOP	LASMO:	sis (1	MO	Onset and Death	
N 8 5 % 6			EVA COR AS A	A CONSEQUENCE O	e BI	29	(>	SMS	1 8mo	
or to	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O			(_		
S, P.O. BOX death certificate be e statending physician sental Hyglene prior to	IFIC.	CAUSE (Disease or injury c. Due to (or as a consequence of):								
		resulting in death) LAST								
0 4 5 E	4	PART II. Other significant conditions	contributing to death b	out not reaulting	in tha underlyin	ng ceuse given in	Pert I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
AL RECOR law requires that as been signed by Dept. of Health an 23 shows any	MEDIC						1 XYES 2		COMPLETION OF CAUSE OF DEATH?	
VISION OF VITAL RECO ATTENDING PHYSICIAN: The law requires th ECTOR: After this certificate has been signed is after death with the State Dept. of Health, 1.28 is marked, or item 23 shows an	. ME						_ ` `		1 TYES 2 NO	
TAL The law ate has b tate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
F VITA SICIAN: The certificate h the State I or item	rsic	EXAMINER?	HOSPITAL: 1 Inpetiant 2 ER/Outp	patient 3 DOA	OTHER:	me 5 - Rasidence				
OF PHYSIC this ce with th		27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY WO	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCURE	ED	
ISION OF TTENDING PHYSI TOR: After this c after death with 28 is marked,	B	2 Accident Investigation	28s. PLACE OF INJURY	— At home, ferm,		YES 2 NO	281, LOCATION (Street a	and Number or B	lural Boute Number	
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has indus after death with the State Dept item 28 is marked, or item 23	ETED	3 Suicide 6 Could not be determined	building, etc. (Spec	cify)			City or Town, State)			
DIV AL OR A DIREC Hours	COMPLET		IAN: To the best of my know							
HOSPITAL	S	2 MEDICAL EXAMINER	On the basis of examination	n and/or investigation	on, in my opinion, o			d due to the ca	use(s) and manner as stated.	
弄	BE	394 BIGHATURE AND TITLE OF CERTIFIER	IM Cur	Y Dole	CM Noi	29c. LICENSE NUM	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
FFOR	5	TIL NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			0	11		11-113	
	0	31. DATE FILED (Month, Day March	A PRINCIPAL RISELLO	orphe III	, wy	(7)	140 1	ND 3	21209	
	1	31. DATE FILED (HONT), D. 1993	THE PARTY OF THE P		,					



	nsit permit. Pages 1.2.3 should		
ained by the hospital or attending physician	5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should		iffed at once
ite be executed within 24 hours after death. Page 6 may be retained by the hospital or att	filled in by the funeral director, page	on, or removal.	. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
n certifica	inding physician and con	h the State Dept. of Health and Mental Hygiene prior to burial, cremati	y injury, or other traumatic event.
MOING PHYSICIAN: The law requires that the deat	After this certificate has been signed by the attending	# death with the State Dept. of Health a	is marked, or item 23 shows an
TO THE MOSPITAL OF ALTE	TO THE FUNERAL DINECTOR	De filed wighin 72 aguars with	IMPORTANT-WITHIN PR

	1 - STATE REGISTRAR	OINIE OI I			TMENT OF			MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) 2. D						2. DATE	ATE OF DEATH 3. TIME OF DEATH			AM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE	7. DATE OF BIRTH 8.		I. BIRTHPLACE (State or Fo	roign
	220 24 4248	1 🗌 M 2 💢 F	65	YRS.	MONTHS DAY	HOURS	MIN.	(Mont	-8-	28	MARY LAND	
l	Se. FACILITY NAME (If not institution, give	14 .	9b. CITY, TOWN OR LOCATION OF D			ION OF DE	EATH & COUNTY OF DEATH			Y OF DEATH	,	
Ď.	RESIDENCE OF DECEDENT	DOCTOR'S COMMUNITY HOSPI				140	gn		PRINCE GEORGE'S			5 3
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	mo		BALTIMORE							1 YES 2	NO	
FUNERAL	104. STREET AND NUMBER	=	101. ZIP CODE 2121				15	5 U.S. OF A.				
N.	11. MARITAL STATUS	11 MARITAL STATUS				ER IN U.S. ABMED 13. WAS DECEMBENT OF HISPANI						
	1 Never Married 2 Married	FORCES? 1	YES 2 X	YES 2 NO R OR DATES		specify Cub	en, Mexicar	n, Puerto	rio Rican, etc.)		4. RACE — American India Black, White, etc.	ın,
D BY		3 Widowed 4 X Divorced			OR DATES 1 YES 2 NO Specify			Spoot Black				
ш	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(G	CEDENT'S ive kind of w Do NOT us	USUAL OCCUPI	TION most of work	ing	16b. KIND OF BUSINESS/INDUSTRY				
7	Elementary/Secondary (0-12)	College (t-4 or 5 or 5 or 5 or 5 or 5 or 5 or 5 or	')		L WORKI	ER			SOCIAL	SERV	TCES	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	R. LULLEG	E	700171	L WORK		HER'S NAI		Middle, Maiden		TGEO	
BE C	WILLIAM HOWARD W	VATSON, S	R.			- 1	ÆATE			,		
5	199. INFORMANT'S NAME (Type/Print) MRS. PAULA WILBOR	NE-DAVIS	64	42 O	ADORESS (Stre TIS ST	REET H	Y or Rural R	ESVI	LLE, N	. State, Zip C	ND 20784	
	26e. METHOD OF DISPOSITION 1 ★ Burlel 2 □ Cremation 3 □ Rem	noval from State			OF DISPOSITION			DAT	E 20c. LO	CATION — CI	ty or Town, State	
	4 □ Donation 8 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI				CEMETE		17/9				,MD. BALTO.	
	21. SIGNATURE OF FUNERAL SERVICE LI	- 100		. G	MAMMAN	EWIS	T. G	WYNN	FUNER	AL HO	ME 21215-63	393
Serves Serveyne 4517 PARK HEIGHTS AVE. BALTIM										LAND		
	23. PART I. Enter the diseases, or complications dat ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
1		DUE TO	OR AS A CONSE	DI IENCE OF	RNH	y Toe	Min	E.			Onset and	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	(OR AS A CONSECTION OF AS A CONSECTION AS A CONSECTION AS A CONSECTION OF AS A CONSECTION	JOEHOE OF	<i>,</i> .	y De	MIA	LN	e Disa	ease	Onset and	
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1 4	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO	(OR AS A CONSEC	DUENCE OF):				24a. WAS AN	AUTOPSY MED?	24b. WERE AUTOPSY FII AMILABLE PRIOR	NO AUSE
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		1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Lest) Elizabeth M.	Wolf				2. DATE OF DEATH MONTH DA 6-13-93		3. TIME OF DEATH	
	E COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-52-7935	1 M 2 K F	GE (In yrs. last birthday) 97 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-6-1895	Coun	HPLACE (State or Foreign try) Balto. MD.	
mm. rayes i, c, 3 should		9e. FACILITY NAME (If not Institution, give some selection of the selectio	CONTRACTOR			imore	EATH	9c. COUNTY OF	DEATH	
		10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
lancil (100. STREET AND NUMBER 6116 BElair Road	1		10	r. ZIP CODE	206	10g. CITIZEN OF	WHAT COUNTRY?	
as the b		11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	If yes, sp		NIC ORIGIN? (Specity Yea an, Puarto Rican, etc.) fy:	Blac	CE — American Indian, ck, Whita, etc. city: White		
D INS		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 4th Grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON osl of working	16b. KIND OF BUS	SINESS/INDUSTRY	WIITCE	
at once.		17. FATHER'S NAME (First, Middle, Lest) Valentine Bu	ichinger			18. MOTHER'S NA	AME (First, Middle, Malden: Elizabeth		nbach	
notified	TO B	196. INFORMANT'S NAME (Type/Print) ANDREW Andres F. Wolf Ji				and Number or Rural	Route Number, City or Town			
must be		20e. METHOD OF DISPOSITION ↑♥ Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)		20b. PLACE AND DATE cemetery, cremetory or o Holy RI			DATE 20c. LOC	CATION — City or T		
al. examiner	,	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 BElair Road John C. Miller, Inc. Baltimore, Md. –21206								
I, cremation, or remo		23. PART I. Enter the diseeses, or shock, or heert failure. IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	a. Mult	sed the death. Do neech line.	CUA				Approximate interval Between Onset and Death	
the arenown proposed as compress the medical examines must be notified at once. Administration or detached ministry, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
hours after death with the State Dept. of Health and Memaal Item 28 is marked, or Item 23 shows any Injury,	MEDICAL	PART II. Other significant condition	s contributing to deat	but not resulting		g ceuse given in	Part I. 24s. WAS AN / PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
State Der	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	hutnetlent 3 🗆 DOA	OTHER:	ACE OF OEATH (Ch				
ith with the	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 4 Inpetient 2 ER/Outpetient 3 DOA 4 Inpetient 2 Residence 8 Other (Specify)							
s after dee	18	1 280 PLACE OF IN HIPY — At home form etreat feature, ettles							Route Number,	
within 72 hour	OMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated.								
be filed within 72 IMPORTANT: If	TO BE C	29b. SIGNATURE AND TITLE OF SERTIFIES 30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	28c. LICENSE NUI	409	≥ 6//	5/93	
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE Muidon Ro	dete:				DHMH-18 Rev 1/85	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending present TO THE FINNFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the h

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ON OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to the hospital or attending the hospital or att	Wer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral pure, perms eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPAR	TMENT	OF HEALTH	AND MENT			
		1. DECEDENT'S NAME (First, Middle, Laster Lillie Mar	IKES mith			0. 02.11	2. DAT	TE OF DEATH	gear q a	
_		010 70 7/177	S. SEX 6. AGE (In yrs. let	st birthday) YRS.	IF UNDER 1	YEAR IF UNDER :		TE OF BIRTH	10	RTHPLACE (State or Foreign
2, 3 should	стоя	9s. FACILITY NAME (If not institution, glyp stree	t and number)		96. CITY, 1	TOWN OR LOCATION	N OF DEATH	9c.	COUNTY OF	F DEATH
Pages 1, 2	DIRECT	10s. STATE 10b. COUNTY	1/112	10c. CIT	Y, TOWN OR	LOCATION				10d, INSIDE CITY LIMITS?
65		10e. STREET AND NUMBER	2 D. 1 G	2.77	1 809.	10f. ZIP CODE	215	109	CITIZEN O	1 X YES 2 NO
1	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 VES 2		13. W	AS DECENDENT OF	HISPANIC ORIG	SIN? (Specify Yes or No o Rican, etc.)	0- 14. RJ	ACE — American Indian, lack, Whits, atc.
as the	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	IF YES, GIVE WAR OR DATES	CEDENT'S	USUAL OCC	YES 2 NO	Specify:	6b. KIND OF BUSINES	B	PACK
9 5	L .	(Specify only highest grade col	mpleted) (G	the kind of a	work done du	ring most of working	' [out forty of bodings	- AMDOG (A)	
by the hospital d be detached for	E COMPL	17. FATHER'S NAME (First, Middle, Lagt),	59	0 07,		18-MOTH	ER'S NAME (First	, Middle, Maiden Syme	EATI	FALL
be retained to ge 5 should e notified	TO B	194 INFORMANTI'S NAME (Type/Print)	Cornic K	b. MAILING	ADDRESS	Streetland Number of	or Rural Route Ny	mber, City or Town, Sta	te, Zip Code)	Mp. 21215
Pa a		20s METHOD OF DISPOSITION 1 N Burlel 2 Cremettop 7 3 Remova 4 Donation 5 Other (Specify)	of from State 20b, PLACE of the property, cre	and DATE (of DISPOSIT	ION (Name of	0/19	TE 206. LICATIO	N- City or	Town State
ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. N	TARY S	MARC	A FUNE	24) 9	long TA,
hours after ed in by the or removal			nplications that caused the date only one cause on each line	ath. Do r	not antar th	na moda of dyin	ig, such as ca	ordisc or respirator	y arrest,	Approximata Interval Between
24 fill tion.		IMMEDIATE CAUSE (Final disease or condition resulting in death)	INTERSTITIAL DUE TO (OR AS A CONSE			VARY 1	FIBRUS	SIS		Onset and Dasth
and and	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC							
leath certificate be a attending physician mal Hygiene prior to	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF	¬):					
he death ce the attendin Mental Hyg njury, or o	O	resulting in death) LAST								
and and	MEDICAL	PART II. Other algorificant conditions of PULMONALE	TUBE			arlying cause gi	ven in Part i.	24a. WAS AN AUTO PERFORMED?	?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
law is be ept.		DIABETES MELLIT	45							1 YES 2 NO
Item	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 1	OSPITAL: Xinpatisnt 2 - ER/Outpatient 3	□ DOA	OTHER:	28. PLACE OF DE/				
		27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 26	Bc. INJURY AT WORK?	28d. DI	EŞCRIBE HOW INJURY	/ OCCURED	
TOR: A after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, a			28f. LO	CATION (Street and Nu y or Town, State)	imber or Rure	al Route Number,
Z 72 =	COMPLET		N: To the best of my knowledge, de							
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE CO	290. SIGNATURE AND STILLE OF CERTIFIER	hotest.	NIN	, army opin	29c. LICEN	ISE NUMBER	29d.	DATE SIGNI	ED (Month, Day Year)
E 6 8 8	2	36. HAME AHD ADDRESS OF PURSON WHO C	OMPLETED CAUSE OF DEATH (ITEL	(1)	Print)	SINAL	House	STAFF	12	AM 6/10/93

SINAI HOSPITAL

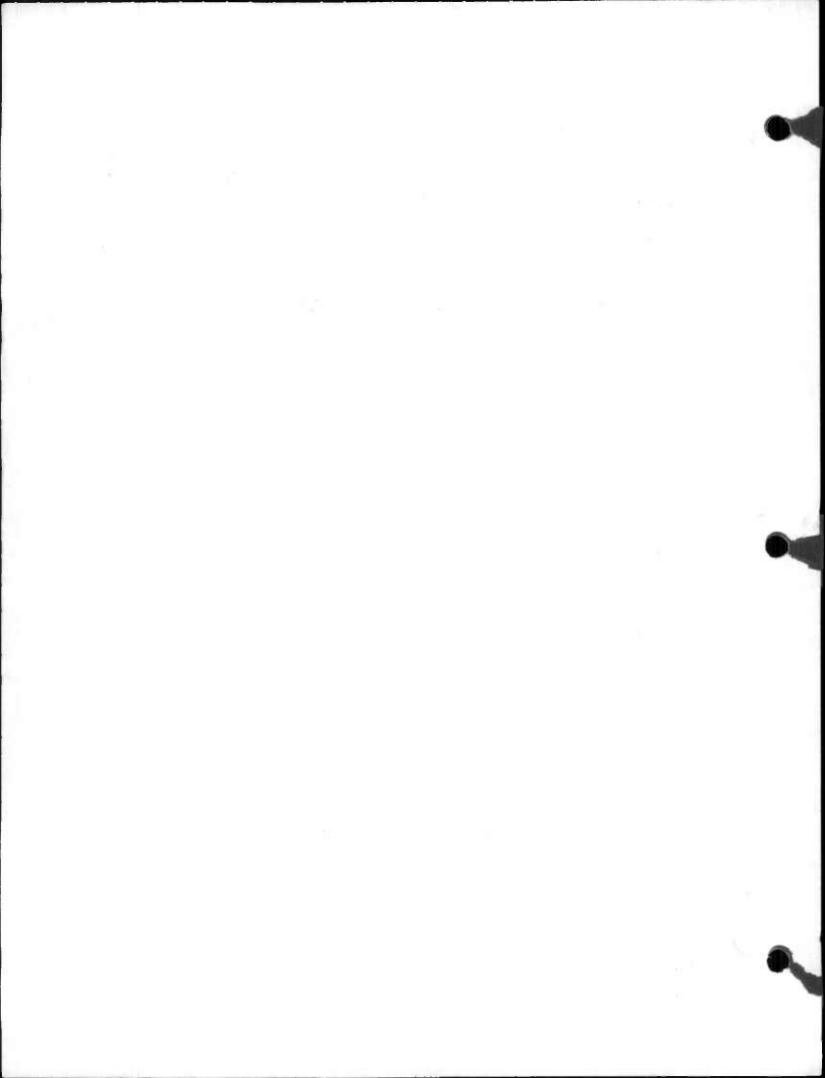
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JUN 1 5 1993 Julia Davidson-Randelle

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	within

	REGISTRAR		ERTIFICAT	E OF DEATH	REG. NO	D.	
		Webster	Sr.		2. DATE OF DEATH	4 199	3. TIME OF DEATH
1	228-14-4424	5. SEX 8. AGE (In yrs. 1	last birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Year)	1.3	RTNPLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street RESIDENCE OF DECEMENT	redical Cen	eter 96. cm	Balto	EATH	9c. COUNTY O	F DEATH
DIRECTOR	10a. STATE Jub. COUNTY		10c. CITY, TOMA	or LOCATION	ire		10d. INSIDE CITY UMITS? 1 YES 2 NO
FUNERAL	100, STREET AND NUMBER 707 Walnut 11. MARITAL STATUS	ave		101. ZIP CODE 21	19	u.	S . A.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	APMED 13	3. WAS DECENDENT OF NISPA II yes, specify offbart, Maxic 1 TYES 2 NO Speci	an, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, etc. pecify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	impleted)	DECEDENT'S USUAL (Give kind of work done fie. Do NOT use retired.	e during most of working	Hen.	ISINESS/INDUSTR	noth Co
BE CO	17. FATNER'S NAME (First, Middle, Last)	ebster		18, MOTHER'S NA	ME (First, Middle, Maider	Sphane)	ton
5	190 NEORMANT'S NAME (Type Print)	Veloster !	96. MAILING ADDRES	SS (Street and Number or Rural Want	Route Number, City or To	yo, State, Zipi Code)	MD 21229
	METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	celhetary c	rematory or other place	Park	6/19/93	Balto	2. 2
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Wanes		March 4300 L	Vabash	- We	st
	The second secon	mplicatione that ceused that of only one ceuse on sech line. Messive Cevel DUE TO (OR AS A CONS)	ovovasch			elratory erreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	0 1 -1	EQUENCE OF):				5 days
DICAL	PART II. Other algorificant conditions of Atherosclewtic C Diabetes Me U	andiovascular	resulting in the u	inderlying ceuse given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: ME		IOSPITAL:	ОТНЕ				
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, atreet, fac	ctory, office	281. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
COMPLETED		N: To the beat of my knowledge, d On the basis of axamination and/or					e(s) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER LEOGRE & With	LU M.D		D4 3	WBER 65	29d. DATE SIGN	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C GEORGE E. W 31. DATE FILED (Month) Day, Year)	icks III M,	M 27) (Type, Print)	berty Me	dical Ce	nter	
	JUN 1. 5 1993	Julia Tariban A	7061				
		-	1				DHMH-16 Rev 1/89



IMURE, MARYLAND 21215-0020	lage 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	the management of the contract
VISION OF VITAL RECORDS, F.O. BOX 88750, BALLIMORE, MARYLAND 21215-0020	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 is after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked or item 23 shows any injury or other traumatic avent the medical aventual has mattind as asset
-	AT	RECT INS A	2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN PATRICIA ANN WILLIAMS OG-800 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 36 DAYS HOURS YRS. Md as 06 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md 1 # YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3822 Coronado Road 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 III Never Married 2 Merried IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced Specify: Afr. American COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Security Guard Broadway Services 17. FATHER'S NAME (First, Middle, Last) ta. MOTNER'S NAME (First, Middle, Maiden Surneme) Walter Willaams Annie B. Williams BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter & Annie Williams 3822 Coronado Road Balto. Md. 21207 20a. METHOD OF DISPOSITION
1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State etery, crematory or other place, King S Park 4 Donetion 5 Other (Specify) 6/14/93 Randallstown , Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallura. List only one cause on each line. intarvai Batwee **IMMEDIATE CAUSE (Final** SEPTIC SHOCK, SEPSIS Onset and Death disease or condition resulting in death) BREAST CANCER & LUMG V BONE METS DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions. if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be determined BE-COMPLETED 4 Nomicide 29e. CERTIFIER

(Chack ank)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and manner as stated. Pour Pour 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Carralmania_ MD Singi Hospital ▶ 06.10.93 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) CVALMADRID. SINAL HOSPITAL OF BALTIMORE, BALTIMORE

32. REGISTRAR'S SIGNATURE

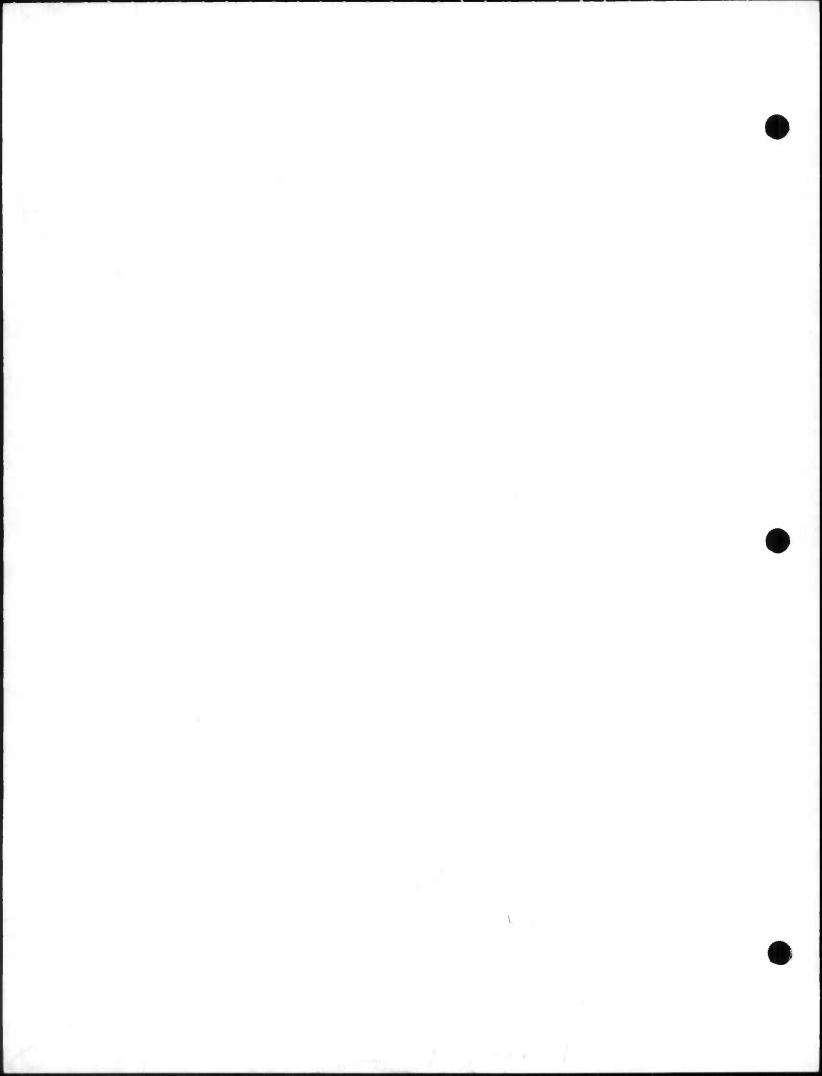
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / D	DEPARTM	ENT OF H	EALTH AN	D MEI	NTAL HYGIEI	NE	3	1/320	
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH	
	Isaac	Jor	dan	W	llia	ms			DAY 1 (YEAR	1:10 P.M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last b	oirthday) IF (NDER 1 YEAR	IF UNDER 24 HR	IS. 7. I	DATE OF BIRTH	// 1	8. BIRTI	HPLACE (State or Foreign	
		1 🙀 M 2 🗆 F		YRS. MON	THS DAYS	HOURS MI	7.	(Month, Day, Year) une 7, 1	002	Count	(Y)	
	9s. FACILITY NAME (If not institution, give	street and number)		9b.		OR LOCATION O				NTY OF E	eryland DEATH	
5	Mercy Hospi	tal			D-1+	imore	Cit		330			
DIRECTOR	Mercy Hospi						CI	_ <u>y</u>				
뿐	10s. STATE 10b. COUNT	TY		10c. CITY, TO	WN OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
	Maryland			E	altimo	ore					1 X YES 2 NO	
¥	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
草	5201 Eastbury Av	enue Apt.	. F			2120	16		_	US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS DEC	ENDENT OF HIS	PANIC O	RIGIN? (Specify Ye	s or No-		E — American Indian, k, Whits, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA				2 NO Sp		ierto Rican, etc.)		Spec		
		1										
E	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Give	kind of work of	L OCCUPATIO	ON ast of working		16b. KIND OF BU	JSINESS/INI	DUSTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. De	o NOT use reti	red.)							
₹ E				inf	ant							
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First, Middle, Maldei	n Sumame)			
BE	Anthony Williams					Ste	phar	nie Mend	oza			
0	19a. INFORMANT'S NAME (Type/Print)			MAILING ADD	RESS (Street s	nd Number or Ru	ral Route	Number, City or Tox	wn, State, Zip	Code)		
-	Anthony & Stephan		ms 510	02 Eas	tbury	Ave.	Apt.	F B	alto.	MD	21206	
	20a, METHOO OF DISPOSITION 1 N Burlel 2 Cremation 3 Ren	nost from State	20b. PLACE AND	DDATEOFDIS	POSITION /Ne	me of		DATE 20c. LO	OCATION -	City or To	own, State	
	4 Donstlon 5 Other (Specify)		King M			-k	16	1/12 Ba	1 t i mo	ro	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME AN	D ADDRESS OF	FACILIT	Mutter	Funer	31 E	lomes, Inc.	
	Jay L Re	Ellen			2501	Gwynns	Fa1	ls Park	way	ar i	iomes, inc.	
	23. PART i. Enter the diseases, or		coursed the death	h Do not o	Baltı	more.	Marv	rland 2	1216		Approximete	
NO	ahock, or heert fellura. List only one ceuse on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	PR AS A CONSEQUE									
	resulting in daeth) LAST	d										
4: MEDICAL	PART II. Other significant condition	na contributing to d	aeth but not res	uiting in the	underlying	cauaa given	in Part	I. 24s. WAS APPERFO	RMEO?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF OEATH	(Check or	nly one)				
Sic	EXAMINER? 1 Types 2 No	HOSPITAL:	ER/Outpatient 3 🗆		HER:	5 🗌 Residen						
РНҮ	27. MANNER OF OEATH 1 🔀 Natural 5 🗆 Pending	28s. OATE OF IN (Month, Day,	JURY 2	86. TIME OF	28c. INJ WO	URY AT RK?	_	. OEŞCRIBE HOW	INJURY OC	CURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF building, et	INJURY — At homs,	, ferm, atrest,		ES 2 NO	281.	LOCATION (Street	and Number	or Rural F	Route Number,	
LETE	4 Homicide determined							City or Town, State				
COMPLET	Checkonly CERTIFTING PHYS	ICtAN: To the best of m) and menner as stated.	
BE	SHE SIGNATURE AND TITLE OF CERTIFIE	Cole	M	$\overline{)}$		29c. LICENSE I		Ε.	29d. DAT		(Month, Day, Year) / 10 / 1993	
TO	30 HAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE			<u> </u>							
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE		Stree	et, Ba	⊥ti	more,	Mary	Lan	d 21201	
	JUN 1 5 1993	guha Dav	idson-Rand	4.00	Î							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit_permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

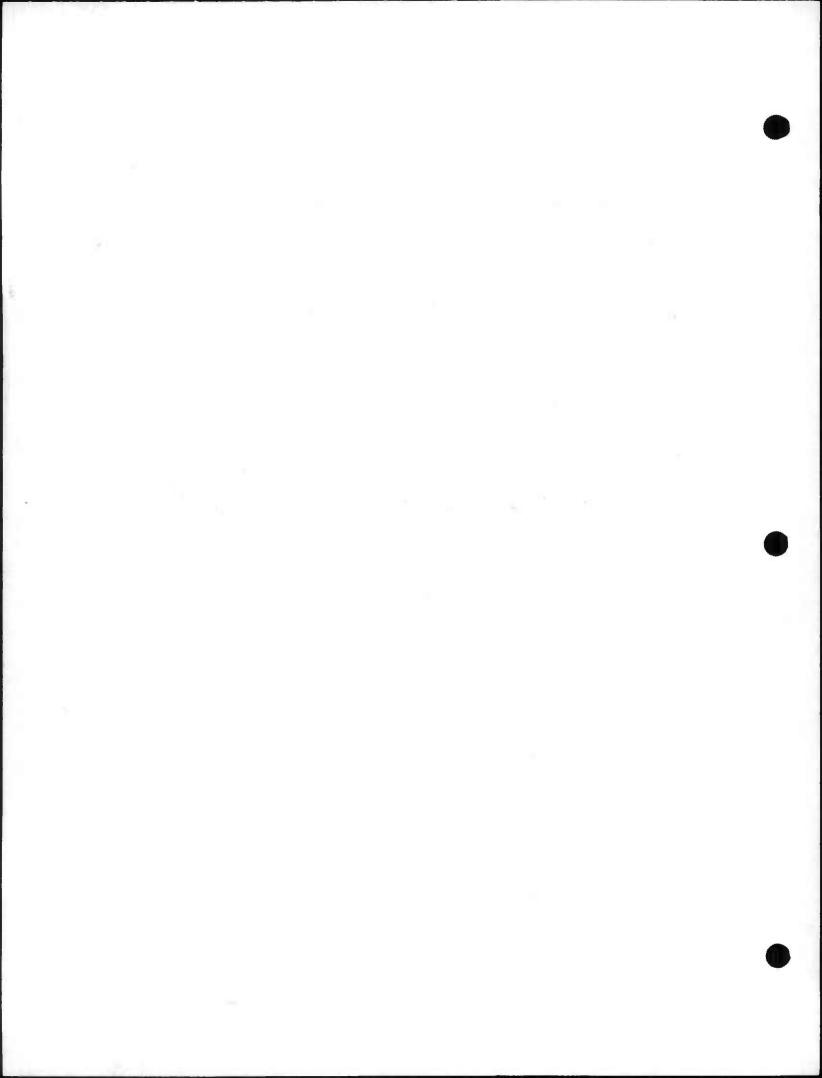
IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Ray 1/89



		FOR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEAITH AND	MENTAL UV	93	17329				
		1 - STATE REGISTRAR	SIAIL OF MARTE	CERTIF	FICATE O	F DEATH		G. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATH DAY	3. TIME OF DEATH				
			tkins				06	11 9	73 445 PH				
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS		7. DATE OF BII (Month, Day,	Year)	6. BIRTHPLACE (State or Fereign Country)				
pin	1	219281343 9e. FACILITY NAME (If not institution, give si		O/ YRS.			05		Virginia				
3 should	œ	Good Samaritan				OR LOCATION OF D	EATH	9c. COL	INTY OF DEATH				
1, 2,	ECTOR	RESIDENCE OF DECEDENT	HOSPITAL		Balt	imore							
	RE(10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOC	CATION			10d, INSIDE CITY LIMITS?				
permit. Pages	DIR.	Maryland		В	altimo	re			1 XYES 2 NO				
	RAL	10e. STREET AND NUMBER			3	IOF. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?				
DZO physician. burial-transit	FUNER	914 Lenton Ave				21212			USA				
hysici vurial-	5	11. MARITAL STATE	12. WAS DECEDENT EVER II FORCES? 1 YES	21 NO	13. WAS D	ECENDENT OF HISPA specify Cuban, Maxic	NIC ORIGIN? (Spens, Puerto Rican,	etc.)	14. RACE — American Indian, Black, White, etc.				
nding pas the b	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATE	1 🗆 YI	ES 2 NO Speci	fy:		Specify: Black				
21215-0020 or attending physician. If use as the bunal-trai	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEOENT'S	S USUAL OCCUPA	TION	16b. KIND	OF BUSINESS/IN	OUSTRY				
Por u		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	work done during i use retired.)	nost or working							
the hospital detached for	COMPL	8		Dome	stic								
oy the horbe detach		17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,	,					
	H	William Griggs 19s. INFORMANT'S NAME (Type/Print)		T and a constant		Georg	iana N	/A					
MAK retained 5 should notified	일	Hallie Dorsey				t and Number or Rural							
ay be		20a. METHOD OF DISPOSITION	201	PLACE AND DATE	Lento	n Ave.			21212 City or Town, State				
MOK Page 6 ma director, 1		Surial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State Cen	netery, crematory or e	other place)		1		110-1-1				
Page al din		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OUGTAWI	22. NAME	Lery (VCILITY	Balto.	-Md				
executed within 24 hours after death. Page 6 may be and completely filled in by the funeral director, page 0 burial, cremation, or removal. matic event, the medical examiner must be a		· Carlton	C. Dond	lass		glass Fi		Servi	ce				
Dours after of in by the or removal.		23. PART i. Enter the diseases, or c	omplications that cause	d the deeth. Do	not enter the m	node of dying, suc	h se cardiac o	r reepiratory ar					
24 hour filled i tion, or the m		shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):											
within 24 within 24 opletely fill cremation, rent, the		reaulting in deeth)	. Kespirato	ry ta	ilure				Lahrs				
ted within completely fal, cremati					OF):								
Ox box of the content	ERTIFICATION	Sequentially list conditions,		CONSEQUENCE O)Fi:								
ficate be physician to prior to prior to prior to prior to per traum	SAT	if any, leading to immediate cause. Enter UNDERLYING							İ				
certificate ding physical dygiene pri		CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):								
ath ce		resulting in desth) LAST	1										
AL MECORDS, P.O. BY he law requires that the death certificate has been signed by the attending physic Dept. of Health and Mental Hygiene pri n 23 shows any injury, or other tr	L C	PART II. Other eignificant condition	e contributing to death b	eut not resultina	in the underivi	ng ceuse given in	Part i. 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
that the the the the the the the the the th	DICAL		creas CA					PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
requires year signer of Health	MED	urosepsis					' _	YES 2 NO	OF DEATH? 1 □ YES 200 NO				
w red been been ptr. of		multiple Pres	sure sores	S					T TES SOLITO				
I. The law cate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (C)	eck only one)						
SICIAN: The certificate the State , or item	YSIG	1 TES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 - Residence	6 Other (Spec	ify)					
TENDING PHYSICIAN: The DR. After this certificate have common the State of them.	РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		YURY AT	28d. DESCRIBE	HOW INJURY OC	CURED				
After 1	BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
DR. A. DR. A. S. S. S. S. S. S. S. S. S. S. S. S. S.	品	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ice	28t. LOCATION City or Town	(Street and Number n, State)	r or Rural Route Number,				
E SE	LETE	29a. CERTIFIER	100 - 40		7/31								
1 1 1 E	COMPL	(Check only	CIAN: To the best of my know										
THE FINE FINE FINE FINE FINE FINE FINE FIN				ii wid/or investigatio	un, in my opinien,	-		lace, end due to the	he cause(e) end manner as stated.				
표를	8	29b. SIGNATURE AND TITLE OF CERTIFIER	11/2 5	Nall-	1 en 1	29c, LICENSE NUI	MELER	29d. DAT	E SIGNED (Month, Day, Year)				
223	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Town	Prote	4	_						
			aven Blv	1	0 //	nore n	12 21	234					
		31. DATE FILED (Month, Pay, Year)	32. REGIS MARY SIGN	XIVE Handa		10 4 10	(3 0)	J-1					
	1	106/11/14/03 52/99	J	,									



FOR

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020	physician. burial-transit	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08 06 3:12 P M YOUNG RUTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 250 32 9869 HOURS 1 M 2 F 66 YRS. 1-23-1927 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE FUNERAL DIRECTOR 2027 E.31th.STREET na RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland na Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2027 E. 31st Street 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married YES 2 NO BY Specify Specify 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) न Shacy Carter Annie Bland BE notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lewis Spencer ě 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Arvin Carroll Funeral Home Irvin Carroll Füneral Home 1712 West North Avenue 21217 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the state disease or condition resulting in desth) TERMINAL CANCER OF THE THROAT event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO DE DEATH INOUIRY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 XYES 2 NO ing Home 5 KResidence 6 - Other (Specify) 4 Nursi 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked. 28b. TIME OF 26d, DESCRIBE HOW INJURY OCCURED 1 X Wetural 5 Pending Investige 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 40 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be determined 4 Homicide 28 Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M C.M.E 06/08/93 9 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTAR'S SIGNATURE

whin Dividen-Rudald

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BALTIMORE, MARYLAND 21215-00 ours after death. Page 6 may be retained by the hospital or attending if in hy the funeral director, bace 5 should be detached for use as the n by the funeral cremoval. filled in by 0 and completely fills burial, cremation, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat DIVISION OF VITAL RECORDS, P.O. BOX 68760, been signed by the attending physician in the Health and Mental Hygiene prior to has be Dept. HOSPITAL FUNERAL I 불분 223

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in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. Once. notified at 2 must medical examiner 6 completely filled cremation, the event. nysician and com prior to burial, traumatic the attending physician I Mental Hygiene prior to or other Injury, by t any Health a Shows s certificate has been sight the State Dept. of He d, or Item 23 shows this ce with t marked, After I FUNERAL DIRECTOR: At within 72 hours after de TTANT: 1f Item 28 ls I 28 ls |

TO THE FUNERAL be filed within 72 IMPORTANT: 11

31. DUN 1 5 1993

JULIE DEVISE AR'S SIGNATURE

1 H

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAMES arr YOUNG 06 993 30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday, IF UNDER 24 HRS IF UNDER 1 YEAR 13.30-2443 Phar DAY\$ HOURS 1 M 2 | F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 851 GEORGE STREET BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BaHimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 D. YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced lack 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY ecify only high College (1-4 or 5+) -RIEGHT 17. FATHER'S NAME (First, 18. MOTHER'S NAME (First, Middle, M GILMORE BE 19b. MAILING ADDRESS (Street and No. 2 METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (A Buriel 2 Cremetion 3 Rem Forest on 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Maryland Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, Approximata shock, or haart failure. List only one causa on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition ovascular theresclerotic reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY XXES 2 DONO OF DEATH? 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1:30 -12-1993 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide PLACE OF INJURY - At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED BALTIMORE, MD 4 Homicide GEORGE STREET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion due to the cause(a) and manner as sta 29b. SIGNATURE AND THE P. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 14 93 lune w 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

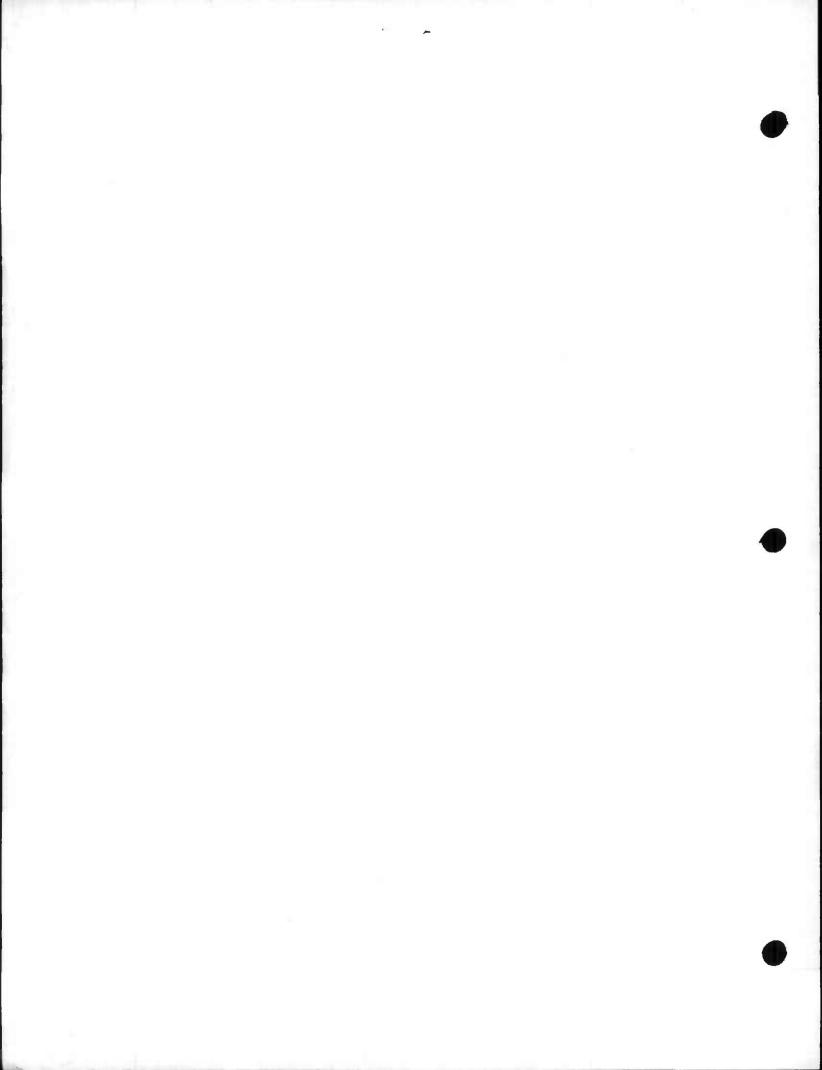
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I	HEALTH AND MENT	AL HYGIENE 9 3	3 17332
	1. DECEDENT'S NAME (First, Middle, Last) Lorna Lee I	Ahlfeldt		2. DAT		3. TIME OF DEATH 3:50 a
	4. SOCIAL SECURITY NUMBER 218-80-2969	5. SEX 6. AGE (In yrs. less 31	YRS. MONTHS DAYS	F UNDER 24 HRS. 7. DAT (Mo	E OF BIRTH nth, Day, Your) L/30/1962	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give a Harford Memoria			or location of DEATH de Grace		arford
DIRECTOR	10a, STATE 10b, COUNT	ford	10c. CITY, TOWN OR LOCA Havre de			10d, INSIDE CITY LIMITS? 1 YES 22XNO
burlat-transit permit	106. STREET AND NUMBER 2200 Palomino Ra	anch Road	10	N. ZIP CODE 21078		ZEN OF WHAT COUNTRY?
å m	11. MARITAL STATUS 1 Rever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AP FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC ORIC pecify Cuben, Mexican, Puert S 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White
е іш	15. DECEDENT'S EDU (Specify only highest grade	completed) (G	CEDENT'S USUAL OCCUPATION with the kind of work done during me Do NOT use retired.)	ION 19 19 19 19 19 19 19 19 19 19 19 19 19	66. KIND OF BUSINESS/IND	USTRY
once.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Cleaning		Custodia	ı
900	17. FATHER'S NAME (First, Middle, Last) Richard F.	Ahlfeldt		18. MOTHER'S NAME (First	,	
8 8	19a. INFORMANT'S NAME (Type/Print)	198	b. MAILING AODRESS (Street	and Number or Rural Route Nu	M. Schaeffer mber, City or Town, State, Zip	
be notifi	Mr. Richard F. A	hlfeldt		Avenue, Bal		
must b	20e. METHOD OF DISPOSITION 1		matory or other place) FETTIS & (Co., Inc. 6/	4 West Che	city or Town, State ester, PA
examiner must	21. SIGNATURE OF FUNERAL SERVICE LIC	rensee My Unales d		ring-Cargo Fractions ring-Cargo Fractions		
or removal. medical examiner must be	23. PART I. Enter the diseases, or canonic shock, or heart failure.	complications that caused the de List only one cause on each line	ath. Do not enter the me	ode of dying, such as ca	or respiratory arr	est, Approximate Interval Between
the to	IMMEDIATE CAUSE (Final disease or condition	Renal Failure	•			Onset and Deat
event,	resulting in death)	DUE TO (OR AS A CONSEC	QUENCE OF):		<u></u>	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC		vix		6 month
or other	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):			
ws any Inju	PART II. Other algorificant condition	a contributing to death but not r	eaulting in the underlying	ng cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1XXYES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TYES 2 XX
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Check only	one)	
ked, o	1 YES 2 X XO 27. MANNER OF DEATH 1 X Natural 5 Pending	1X Anpetient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN	ne 5 Residence 8 Oti JURY AT 28d. D ORK? YES 2 NO	her (Specify) ESCRIBE HOW INJURY OCC	CURED
after d	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY At ho building, etc. (Specify)		ce 281. LC	OCATION (Street end Number by or Town, State)	or Rural Route Number,
If Item		CIAN: To the best of my knowledge, de				
filed within PORTANT:	29b. SIGNATURE AND TUTLE OF CERTIFIE	B.D. Parekh. M	I.D.	29c. LICENSE NUMBER		SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
B. D. Parekh, M. D., 1908 Harford Road, Fallston, Md. 21047

32. REGISTRAR'S SIGNATURE

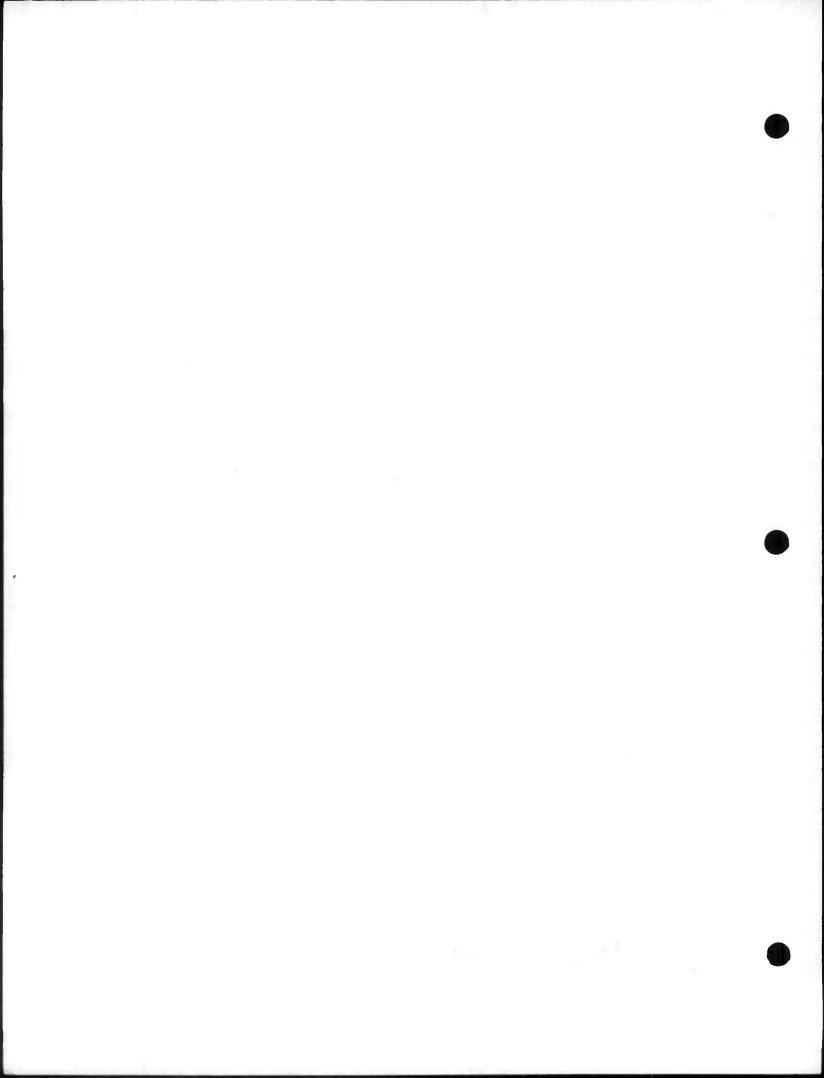
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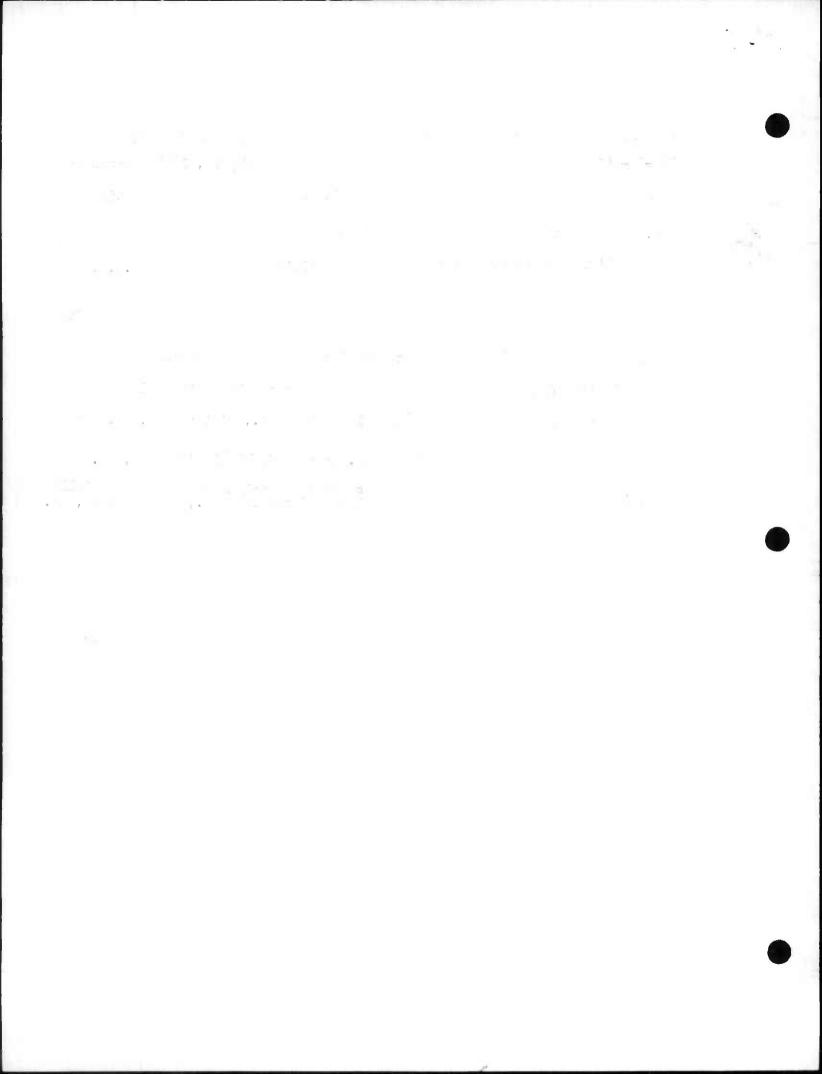
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	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last bir		UNDER 1			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	1	6. BIRTHE	PLACE (S
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DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		1	Oc. CITY, T	OWN OR	LOCAT	ION		-			10d. INSI
E	Maryland	Wi	comico				alv		ioit					LIMI
	10e. STREET AND NUMBER		COMICO				alvi		. ZIP COD	Œ		10a C	ITIZEN OF WI	1 2 YES
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	Howard (ur		ndress	-	THE RES				Eth	_				
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2	20a. METHOD OF DISPOSITE		C33	I ans		_				DIV				
medical examiner must be	1 Donation 5 Other	n 3 🗆 Rem	oval from State	ceme	PLACE AND tery, cremate	ory or other	place)					LOCATION -		1000
19	21. SIGNATURE OF FUNDAL		CENSSE	S	alis	bury				SS OF FAC	5/22	Salist	oury,	MD
examiner	11.6	an 1	12012	,							ral Home			
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medical	23 PART i. Enter the disahock, or he	seesea, Dr e eart fallure.	complications the List only one cer	t course	the death	. Do not	enter th	ne mo	de of dy	ing, auch	aa cardiac or n	eapiratory a	rreat,	App
the m	IMMEDIATE CAUSE (Fin			0	10		1	•						On
rent, the	disease or condition resulting in death)	+	a	(reor		Con	ne	207					
6			DUE TO	(OR AS A	CONSEQUE	NCE OF):								
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y, or other traumatic	if any, leading to immed cause. Enter UNDERLY!	liate	DUE TO	(OR AS A	CONSEQUE	NCE OF	6							
TIFIC.	CAUSE (Disease or injui		c. DUE TO	(OR AS A C	CONTEQUE	NCE OF	N.C	200						-
er oth	that initiated events resulting in death) LAST			1										İ
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any inju	PART II. Other aignificar	nt condition	a contributing to	deeth bu	t not reau	iting in t	he unde	rlying	cause	given in F	Part i. 24a, WAS	AN AUTOPS		WERE AUT
MEDICAL												S 2 NO		COMPLETI DF DEATH
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23 s														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			01	THER:	26. PL	ACE OF D	EATH (Chec	ck only one)			
14S	1 TYES 2 NO		1 Inpatient 2			DOA 4	Nursin	g Home	5 🗆 R	esidence 6	Other (Specify)			
P. F.		Pending	26a. DATE OF (Month, E		26	Bb. TIME OI INJURY		WO			26d. DEŞCRIBE HO	O YRULNI WC	CCURED	
is marked, D BY PH	2 Accident	nvestigation							ES 2					
28 Is TED		Could not be	28a. PLACE C building,	atc. (Specify	– At home,	farm, atree	rt, factory	, office	1		28t. LOCATION (Str City or Town, S		er or Rural Ro	ute Numbi
						-								
AP			CIAN: To the best of											
STANT: If Item 2	one) 2 MEDIC	CAL EXAMINE	R: On the basis of a	xemination	and/or Inve	atigation, in	n my opir	nion, de	ath occur	red at the ti	lme, data and place	, and due to	the cause(s)	and man
돈 때 내	196 SIGNATURE AND TITLE	OF CERTIFIER	5/1	9	Will	liar	$\overline{}$		29c. LICI	ENSE NUME	BER	29d. DA	TE SIGNED	Month, De
	11/	17	16-1		· R	obir	15		0	29	347	-	3/2.	5/9
F 7	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Type, Prin	nt)	7			/		/ /	1
	C 1 1 1 /	M 1/	A	. 8 8	1 1									

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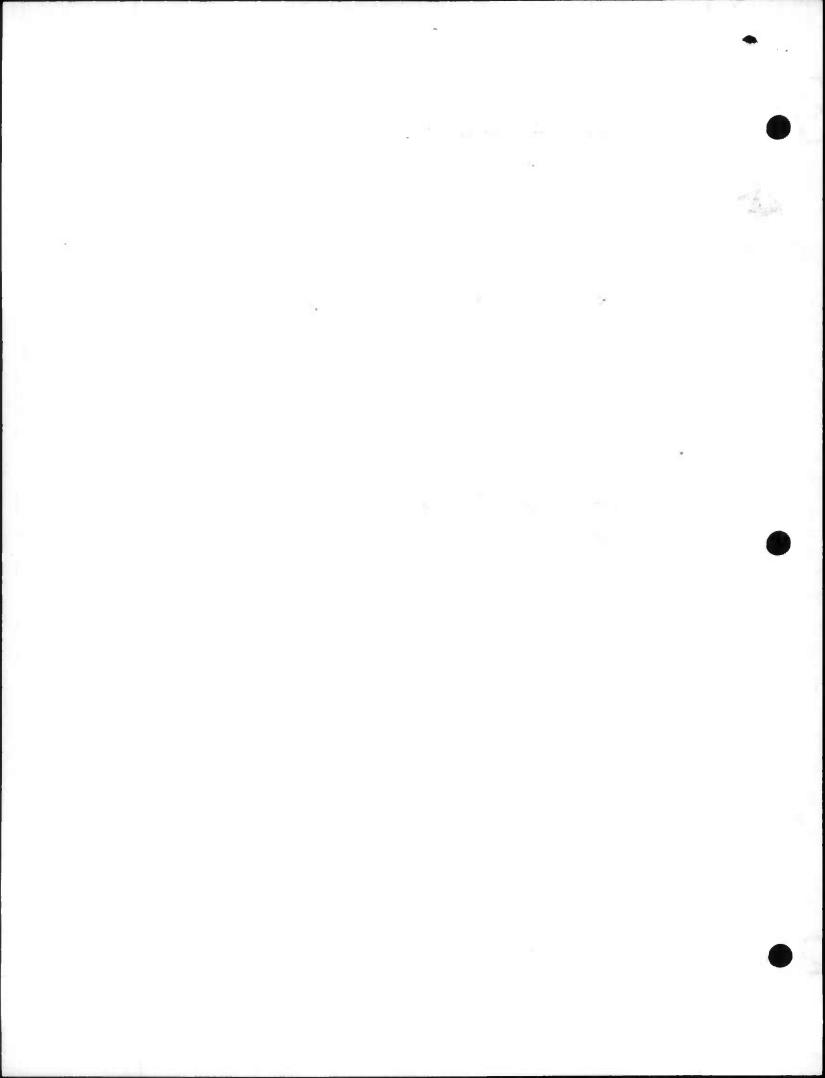
		4. SOCIAL SECURITY NUM
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(1)	DIR	Md.
n. ansit per	TO BE COMPLETED BY FUNERAL DIRECTOR	100. STREET AND NUMBER
20 ysicla rial-tr	5	11. MARITAL STATUS
fing phr the bu	BY	1 Never Married 2 S 3 Widowed 4 Div
215 attend	9	15. DE((Specify on
JD 21 ospital or thed for u	APLET	Elementary/Secondary (
YLAN by the ho be detac	E CON	17. FATNER'S NAME (First, A Vale)
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ided within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ONTAINT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO B	19a. INFORMANT'S NAME (
ORE, 6 may b nor, pag		20a METHOD OF DISPOSIT
MC direct		4 Donation 6 Othe
ALT death. Fe funeral al.		· 4
B after n by the removal		23. PART I. Enter the d shock, or h
t hour n. or r		IMMEDIATE CAUSE (FI
DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. TIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the		disease or condition resulting in death)
DIVISION OF VITAL RECORDS, P.O. BOX 68760, DR AITENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the	NO	Sequentially list condit
OX be e ician ician ior to	ATI	If any, leading to imme cause. Enter UNDERLY
. B. ificate physical	FIC	CAUSE (Disease or Injuthat Initiated events
P.O. h cert mding Hygie	CIAN: MEDICAL CERTIFICATION	resulting in death) LAS
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DIVISION OF VIT THE HOSPITAL DR ATTENDING PHYSICIAN: THE FUNEPAL DIRECTOR: After this certifical fled within 72 hours after death with the State OFFIXENT: If Item 28 is marked, or ite	E COMPLETED BY PHYSI	4 Nomicide
DIRE DIRE	7	29a. CERTIFIER (Check only
SPITAL IERAL Iin 72	MO	one) 2 MED
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_	1 - STATE REGISTRAR		STATE OF I	MARYLAN				DEATH AND	MENT	AL HYGIEN REG. NO.	_		, , , ,
	1. DECEDENT'S NAME (FIRST, F		+ ALL	- MY	MF				2. DAT	E OF DEATH	Y Q	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE 216-14-4420		5. SEX		yrs. last birtho	84047	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRT'N	1913	8. BIRTH	PLACE (State or Foreign
	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY												EATH
	RESIDENCE OF DECEDENT												
	Md.	Balti			100.		ister						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER	010 01	d Hanove	r Roa	d		10	21136			10g. CITI	U.S	A.
	If yes, specify Cuban, Maxican, Puerto Rican, atc.) If yes, GIVE WAR OR DATES If yes, specify: Specify: Specify:											- American Indian, , whita, atc. by: White	
	(Specify only		completed)		(Give kind	T'S USUA d of work d	L OCCUPATI	ON ost of working	16	b. KIND OF BUS	INESS/IND	USTRY	WILL CO.
	Elementary/Secondary (0-1		College (1-1 or 5	+)			ionis	t		Den	tal		
	17. FATNER'S NAME (First, Mid Valent		Johnson					18. MOTHER'S NA		Middle, Melden izabeti		lkne	r
	Betsy Men	,	ı		196. MAII	O10	Old H	anover R	d.,R	mber City or Town	n, State, Zip stown	, Md	. 21136
	20e METHOD OF DISPOSITION 1 M Buriel 2 Cremation 4 Donation 6 Other (5		oval from State	20b. PL cemete	LACE AND DA	or other pl	POSITION (N.	ardens O	6/01	TE 20c. LO	cation – c	City or To	wn, State
	21. SIGNATURE OF FUNERAL	Zel	lard	X			Eckha	no address of Fa rdt Fune	ral	Chapel			21117 Hills, Md.
1		ert fellure. I	complications the List only one cau	t caused the	he death. I h line.	Do not e	nter the mo	de of dying, aud	h ea ca	rdiec or reepi	ratory am	est,	Approximata Interval Between
	iMMEDIATE CAUSE (Fine disease or condition resulting in death)	·! → ,					HTO.	RY	FF	4141	RE	_	Onset and Dasth
	Sequentially list condition		MET		ATI		PLE	EURAL	- 1	SFFL	1510	N	
	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injun	late IG	PER	OR AS A CO			130	WEL					
	that initiated events resulting in death) LAST		DUE TO	(OR AS A CO	ONSEQUENC	E OF):							
	PART ii. Other algnificen	t condition	a contributing to	deeth but	not resuiti	ng In the	underlyln	g ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 TYES 2 NO
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEOICAL	HOSPITAL:	ER/Outpetle	ent 3 □ DO		HER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 Natural 5 Pe		200. DATE OF (Month, D		286.	TIME OF	28c. IN.		_	ESCRIBE HOW II	JURY OCC	URED	
-	3 Sulcide 6 C	vestigation ould not be	28e. PLACE O building,	F INJURY — etc. (Specify)	At home, far	rm, street,				CATION (Street a y or Town, State)	nd Number	or Rural Ad	oute Number,
	29e. CERTIFIER (Check only 1 CERTIF	YING PHYSIC	CIAN: To the best of										
	2 MEDIC			xamination ar	nd/or investig	getion, in i	my opinion, c			ta and place, and			and manner as stated.
	Bride	1	1001	RES		,	Spanner and Spanner	29c. LICENSE NUI	MOCH		DATE	SIGNED	(Month, Day, Year) 9193
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event,	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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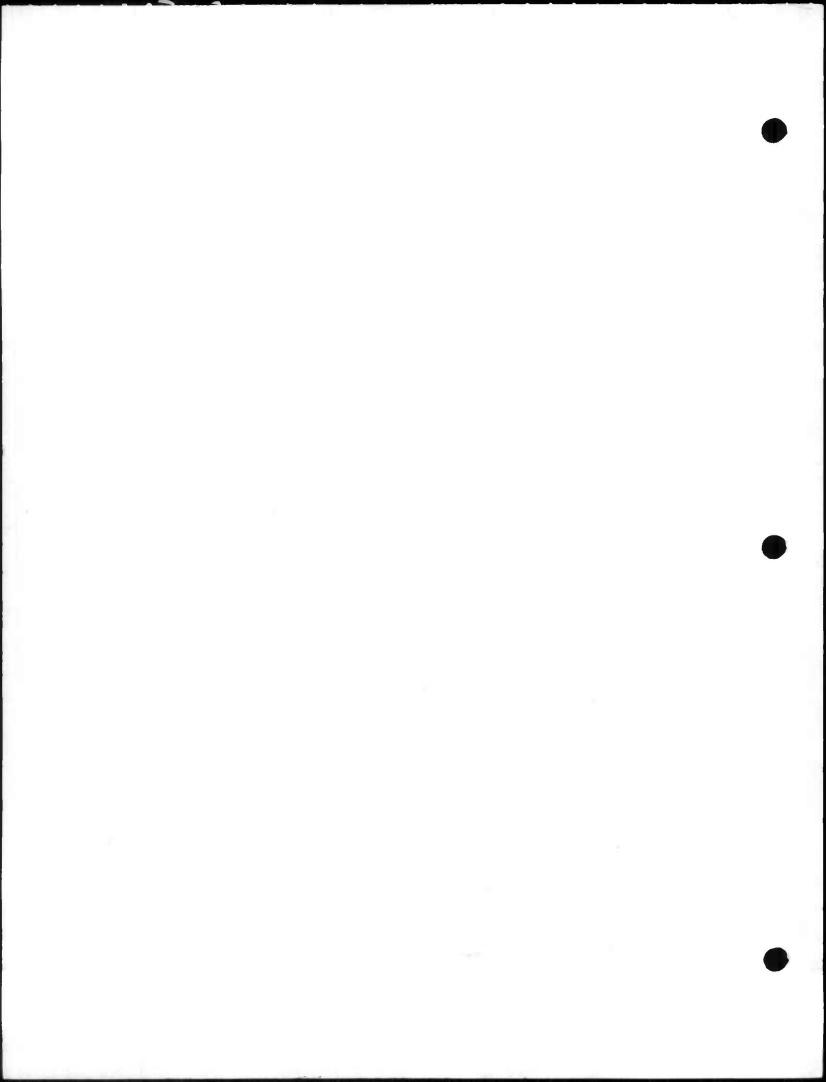
	REGISTRAR		CERTIF	ICATE C	F DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Agostin	le, Jr.			2. DATE OF MONTH	DEATH DA	Y .	YEAR 9 3	3. TIME OF DEATH		
			GE (In yrs. last birthday) 1 YRS.	IF UNDER 1 YEA		7. DATE OF E (Month, De	y, Year)	- 1	Countr	IPLACE (State or Foreign y) Sylvania		
œ	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						EATH		
DIRECTOR	RESIDENCE OF DECEDENT											
	Maryland Carr	coll	100. CI		Westminst	er	r			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 208 Opal Avenue					10g. CITIZEN OF WHI						
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, W						- American Indian, k, White, etc.			
COMPLETED		TION	16a. DECEDENT'S (Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) Claims Examiner Social Security Admin.								
COM	17. FATHER'S NAME (First, Middle, Last)		CIGINA	3 LIXCIIII	18. MOTHER'S N	AME (First, Middl	_		ul I c	y Aditin.		
BE	Vincent Agostine, 100. INFORMANT'S NAME (Type/Print)	Sr.	19b. MAILING	ADDRESS (Stre	Emma Z		Olfv or Town	State 7in	Code)			
2	Margaret J. Agosti	ne			enue, Wes							
20e. METHOD OF DISPOSITION 1										ad, Maryland		
22. NAME AND ADDRESS OF FACILITY Eline Funeral 934 S. Main Street, Hampstead,									ral	Home		
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory ahock, or heart failure. List only one ceuse on each line.										Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Onset and Death											
NO	DUE TO (OR AS A CONSEQUENCE OF): Non Hodg Cins lymphoma DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events		S A CONSEQUENCE O									
CERT	resulting in death) LAST											
DICAL	PERFORMED? AMILA COMP 1 YES 2 NO OF DE									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 - MO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (C	heck only one)						
IYSI		HOSPITAL:			ome 5 - Residence	6 Other (Sp.	ecify)					
ВУ РН	Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR (Month, Day, Year		JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIE	BE HOW IN	JURY OCC	URED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, atc. (S	PRY — At home, ferm, specify)	streel, fectory, o	fice	28f. LOCATION City or Tox	N (Street en wn, State)	nd Number o	or Rural R	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	AN: To the best of my kn	owledge, death occurr	ed at the ilme, d	ste end place, and du	e to the ceuse(e) time, date and) end menr	due to the	d. ceuse(e)	end menner ee stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. DATE	1 .	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	D410			6/	11/9	3		
	RAJESH CF1 HE2 31. DATE FILED (Month, Day, Year)		Carroll	Count	y Gar	14051	7					
	JUN 2 '93	32. REGISTRAR'S SI	MATURE									



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AL	A 27	=	
10 THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Dept, of Heatth and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
H	S WILL	MA	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR	(CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
	Alberto A.	Abis, Jr.				May 28	1993	11:04 a.m		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH		RTHPLACE (State or Foreign			
	-1, 33 30-1	1∑ M 2 □ F 65	April 2]	Co	PHILIPPINES					
DIRECTOR	90. FACILITY NAME (If not Institution, give street Montgomery Ger	erend number) neral Hospit	al		Olney Bc. COUNTY OF DEATH Ontgomery					
5	RESIDENCE OF DECEDENT									
2	10a. STATE 10b. COUNTY		1	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
		GOMERY	ROC	KVILLE				1 YES 2 NO		
¥	10e. STREET AND NUMBER			1	M. ZIP CODE		F WHAT COUNTRY?			
FUNERAL	1812 McAULIFFE	DRIVE			2085	PHILIPPINES				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 (IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: FILIPINO						
	15. DECEOENT'S EDUCA		DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTR			
ᇤ	(Specify only highest grade co		(Give kind of w life. Do NOT use	ork done during m retired.)	ost of working	15.4				
립			LAWYER			PHILIPP	THE COVI	FDNMENT		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Meiden		BRUILINI		
BE C	ALBERTO M.	. ABIS	. SR.		REMEDIO		ABRINGE			
	19e. INFORMANT'S NAME (Type/Print)			AOORESS (Street		Route Number, City or Tow				
유	PURIFICACION P. A	ABIS	1812 M	CAULIFF	E DRIVE.	ROCKVILLE	MD 208	851		
		20b. PLAC	E AND DATE O	F DISPOSITION (A	lame of .		CATION - City or			
	20a. METHOD OF DISPOSITION 1	P TO PHILIPPI	NES or oth	her place) LC MEMORIA	YOLA	1	SKINA.			
	21. SIGNATURE OF FUNERAL SHITVICE LICEN	NSEE		22. NAME A	NO ADDRESS OF FA		OKINA,	KIZA		
	· Armed	W.L.		FRANCI	S J. COL	LINS FUNER	AL HOME	, INC. SP., MD 20901		
	23. PART I. Enter the diseases, or cer	policetions that caused the	deeth. Do no	ot enter the m	ode of dving, suc	h as cerdiac or read	ratory arrest.	Approximate		
	anoux, or neart milure, an	at only one ceuse on each ii	ne.		,			Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	HHTDOM	TO HA	MAN	NICCAL	CLATIANI		Onset and Death		
	disease or condition resulting in death) a. ELEGROMECHANICAL DISSOCIATION MUMIL DISTO (OR AS A CONSEQUENCE OF):									
_	-	AC1177	MYN	ARM	AT IN	PAROTTI	ותל	hours		
<u>ē</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF):	100	and City	-			
8	cause. Enter UNDERLYING									
	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):						
CERTIFICATION	resulting in deeth) LAST									
O	PART il. Other significant conditiona	contributing to death but no	t requiting to	a the content to	e seus chus le	Post I as illuna au				
DICAL		LMONARY	COPO	1 the underlying	ig cause given in	Part I. 24s. WAS AN PERFOI		246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	RESPIRATORE	CALL	0-	V//\	VVII.NI	1 🗌 YES 2	100	OF DEATH?		
PHYSICIAN: ME	MATURY	PAIL	pe_			_		1 - YES 2 1 10		
ä										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)				
YS		Inpatient 2 - ER/Outpatient	3 🗆 DOA	4 - Nursing Ho	me 5 🗆 Residence	6 C Other (Specify)				
E	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		JURY AT ORK?	26d. DEŞCRIBE HOW I	NJURY OCCURED			
B	2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 building, etc. (Specify)	home, farm, st	reet, factory, offi	CO	26f. LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,		
<u> </u>	29e. CERTIFIER									
COMPLETED		AN: To the best of my knowledge, On the beele of examination end/o						2/2) 22/4 = 22/22/22 = 22/22/24		
ဗ				i, in my opinion,	Death Occurred at the	time, date and place, er				
H	296. SIGNATURE AND THITE OF CERTIFIER	a man			29c HICENSE NUN	ABER	29d. DATE SIGN	ED (Month, Day, Year)		
၉	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED			1/50	7//	1	10 1)		
	Nakul Goyal, N		TEM 27) (Type,	Print)						
l	31. DATE FILED (Month, Day, Year)	The second secon	2 00							
	IIIN 01 1993	June Daydon-10	marie							



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BALTIMORE, MARYLAND 21215-0020

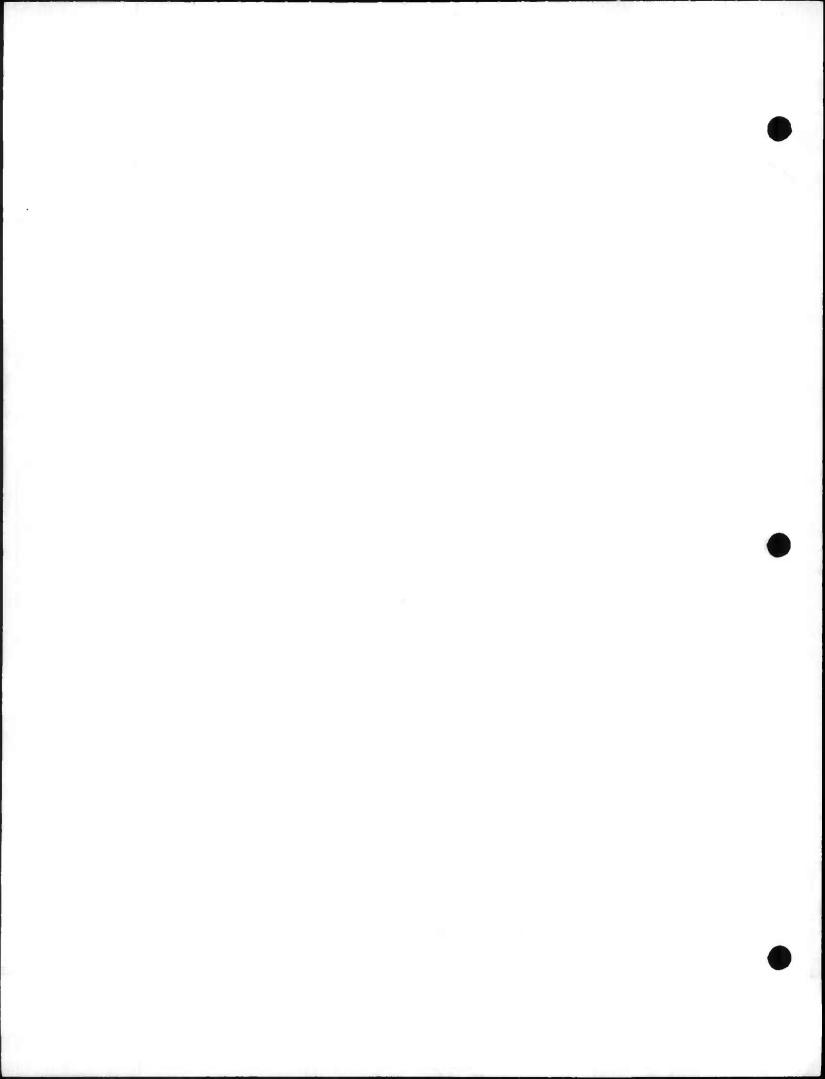
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

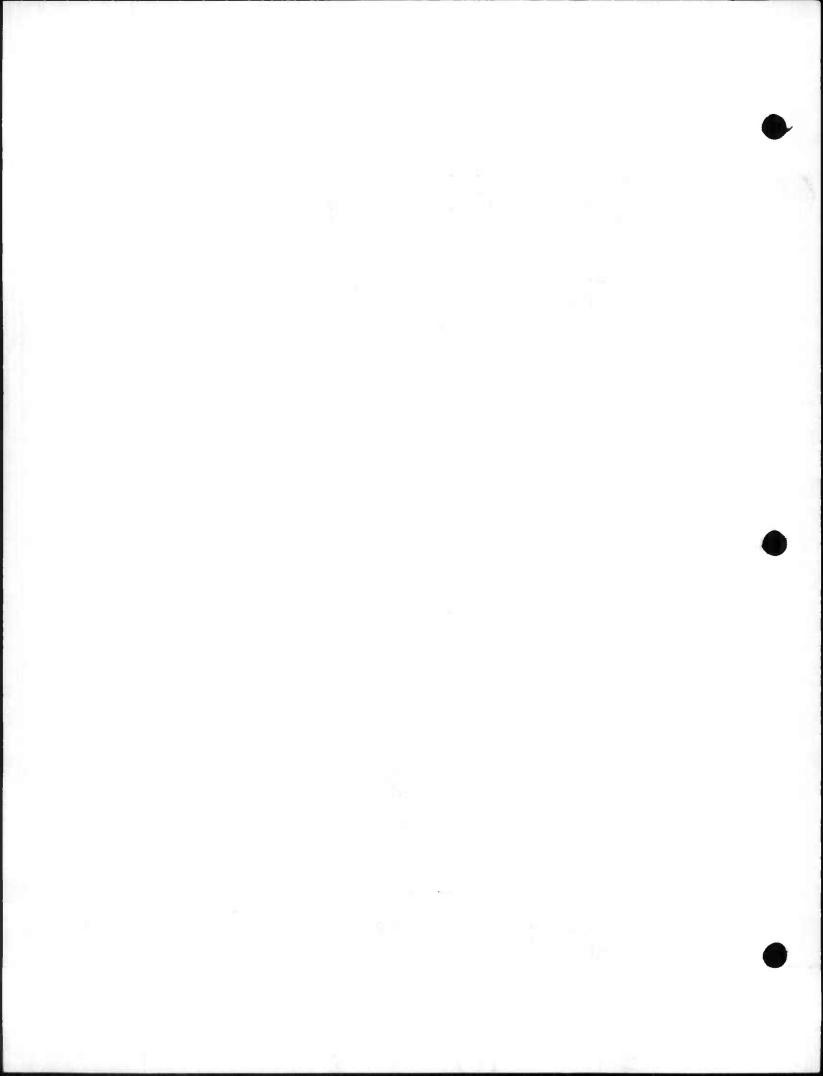
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	HEGISTHAH		CERTIF	ICALE O	F DEATH	REG. NO						
- 1	1. DECEDENT'S NAME (First, Middle, Last)	ADDIT DA	II E			2. DATE OF DEATH MONTH D	AY YE.	3. TIME OF DEATH				
- 1	ALI MUHAMMAD											
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday) 42 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Ybar)	0	HRTHPLACE (State or Foreign country)				
	9a. FACILITY NAME (If not institution, give a		72 110.	01 01774		Dec.6,1950						
œ	I83 & $\frac{1}{2}$ mile S. o	-	n i	1.21	N OR LOCATION OF D	EATH	9c. COUNTY	1.000				
DIRECTOR	RESIDENCE OF DECEDENT	I Bellast	Ka	Balti	nore		Baltim	ore				
Si I	10a, STATE 10b, COUNTY	1	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
E	Maryland Princ	e George	Mitc	hellvi	lle			LIMITS?				
	10e. STREET AND NUMBER				101. ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?				
FUNERAL	1905 Sahara Lane 20721 U.S.A.											
<u> </u>	11. MARITAL STATUS	RACE — American Indian, Black, White, etc.										
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, stc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE— Black, VES 2 NO Searchiv											
m 3 Widowed 4 Divorced												
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDUST	RY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)								
P P		4	Electri	cal Eng	gineer	Self En	nployed					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
BE	Muhammad Abdul-	Rauf			Buthay	na Ayad						
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	t and Number or Rural	Route Number, City or Tow	n, State, Zip Code	9)				
۴	Azman Abdul-Rauf		5911 M	ass. Av	e., Bethe	sda, Maryl	and 2	0816				
	20s. METHOD OF DISPOSITION 1 Griduital 2 Cremation 3 G Remo	oval from State	20b. PLACE AND DATE	OF DISPOSITION	Name of	DATE 20c. LO	CATION - City	or Town, Stata				
	Wash. Nat'l. Cem. 5-28-93 Suitland, Maryland											
	21. SIGNATURE OF PUNITRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home											
	Demen 19	55/100				ve., N.W.,						
\neg	23. PART I. Enter the diseases, Dr o	omplications that co	sused the death. Do r									
- 1	snock, or neert reliure,	List only one ceuse	on eech ilne.	or onto the i	iboe of dying, suc	ii as ceruled of respi	ratory arrest,	Approximate Interval Between				
	IMMÉDIATE CAUSE (Final disease or condition	Mit	1/2/1	1/1/	1017			Onset and Death				
	resulting in death)	\$110116	AS A CONSEQUENCE OF	Meck.	Upper	0150						
_	022	407	AS A CONSEQUENCE OF									
<u>δ</u>	Sequentielly list conditions,	DUE TO (OR	AS A CONSEQUENCE OF	fur	60							
¥	If any, leading to immediate cause. Enter UNDERLYING		1	50								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	9:								
CERTIFICATION	resulting in death) LAST	c .										
	PART II Other cignificant condition	a a sauth at a d										
EDICAL	PART II. Other significent condition	s contributing to de	ath but not resulting i	n the underly	ing ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă						1 _ YES 2	X NO	COMPLETION OF CAUSE OF GEATH?				
						'		1 TYES 2 NO				
ÿ												
ੇ	25. WAS CASE REPERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)	. /					
PHYSICIAN: M	1 DYES 2 NO	1 - Inpatient 2 - EF	VOutpetient 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 -Other (Specify)	+ 19hrs	124				
표	27, MANNER OF DEATH	26a. DATE OF INJ (Month, Day, 1	URY 26b. TIMI		NJURY AT YORK?	28d. DESCRIBE HOW II	NJURY OCCURE	D				
à I	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO	Contact 6	rom (lechile				
	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, atc.	IJURY — At home, farm, s (Specify)	treet, factory, of	lica	28 LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Nymber,				
	4 Homicide determined	Inle	15/2/1 HI	shur		L-83-1	3 2/K	eller Rd				
립	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death occurre	d at the time, d	to and piece, and due	to the ceuse(s) and man	ner sa statud.	1				
COMPLETED								66(s) and manner as statud.				
	29h. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	пер П	294. DATE SIG	NIJED (Month, Day, New)				
B	Alhade F	(0) 0	Rulle	(2)	1)-092	302	1 50	26/92				
2	30, NAME AND ADDRESS OF PERSON WHO	14-6	OF DEATH (ITEM 27) (Type,	Print)				2/2/0				
ŀ	May FOULD	wellni)-KARL	Sopen	Varien.	-111 kh	1-4-11.	111 By Hour				
	31. DATE FILED (Month: Day Jour)	37 RUGIST WAYS	SIGNATURE	- pay	40000	III MANNIA	21 141/	Re-Sallone				
- 1	JUN 0 % 1993	gone ven	M-Nathran					1				



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MEI	NTAL HYGIENE REG. NO.	93 1733					
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOO(AL SECURITY NUMBER 174-03-0897	10/112 DF 3 3	rs. last birthday) IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. 7. I	DATE OF BIRTH (Month, Day, Year)	3. TIME OF DEATH 3. SHRTHPLACE (State or Foreign Country) Lorain, Ohio					
DIRECTOR	9a. FACILITY NAME (If not institution, give s 44/10 FEEN W RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	AY DV	96. CITY, TOWN OR LOC.	OR LOCATION OF DEATH	SC. COUNT KUDA	10d. INSIDE CITY					
FUNERAL	10e. STREET AND NUMBER 11: MARIITAL STATUS 1 Nover Married 2 Married		S. ARMED 13. WAS DE	pecify Cuban, Mexican, Pu	U . S	1 A. 2 NO EN OF WHAT COUNTRY? A. A. 4. RACE — American Indian, Black, White, etc.					
PLETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		e. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n like. Do NOT use retired.) Management	S 2 A NO Specify: ION lost of working	166. KIND OF BUSINESS/INDU						
led at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Hilary Anuszkiewi 19a. INFORMANT'S NAME (Type/Print)	cz		Maryani	First, Middle, Melden Surname) na Chrulska Number, City or Town, State, Zip C	ten Surneme) 1ska					
must be notified	Martha Ellen Ande 20a. METHOD OF OISPOSITION 1 Daviel 2 Cremetton 3 Gen 4 Donetton 5 Other (Specify)	20b. PL.		y Dr., Beth	nesda, Md. 208 oate 20c. Location — co	316 ty or Town, State					
examiner	21. SIGNATURE OF TUNERAL SERVICE LIC	Delal	22. NAME / 2222	Wisconsin A	DeVol Funeral	Home 1.,DC 20007					
event, the medical	23. PART Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. MYD C. HED I H. IN FARCTION OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.										
rital rygiene prior to buriat, ry, or other traumatic er CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST ATERIOS CUEROTIC FROM UASC CICATE BUSINESS INDEF DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 24b. WERE AUTOPSY FIND AMILIABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINENT? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF DEATH (Check o							
28 Is marked, or TED BY PHY	27. MANNER OF DEATH 1 Nitural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	1 Inpatient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify)	28b. TIME OF 28c. IN	YES 2 NO	Other (Specify) I. DESCRIBE HOW INJURY OCCU L. LOCATION (Street and Number of City or Town, State)	WAIK					
IMPORTANT: It flom O BE COMPLE		CIAN: To the best of my knowledg R: On the basis of examination an	e, death occurred at the time, da		dets and place, and due to the						
2 M	31. DATE FILEO (Month, Day, Vear)	O COMPLETEO CAUSE OF DEATH	US FERNW	03 AV	BETHESDA	1/10 2051)					



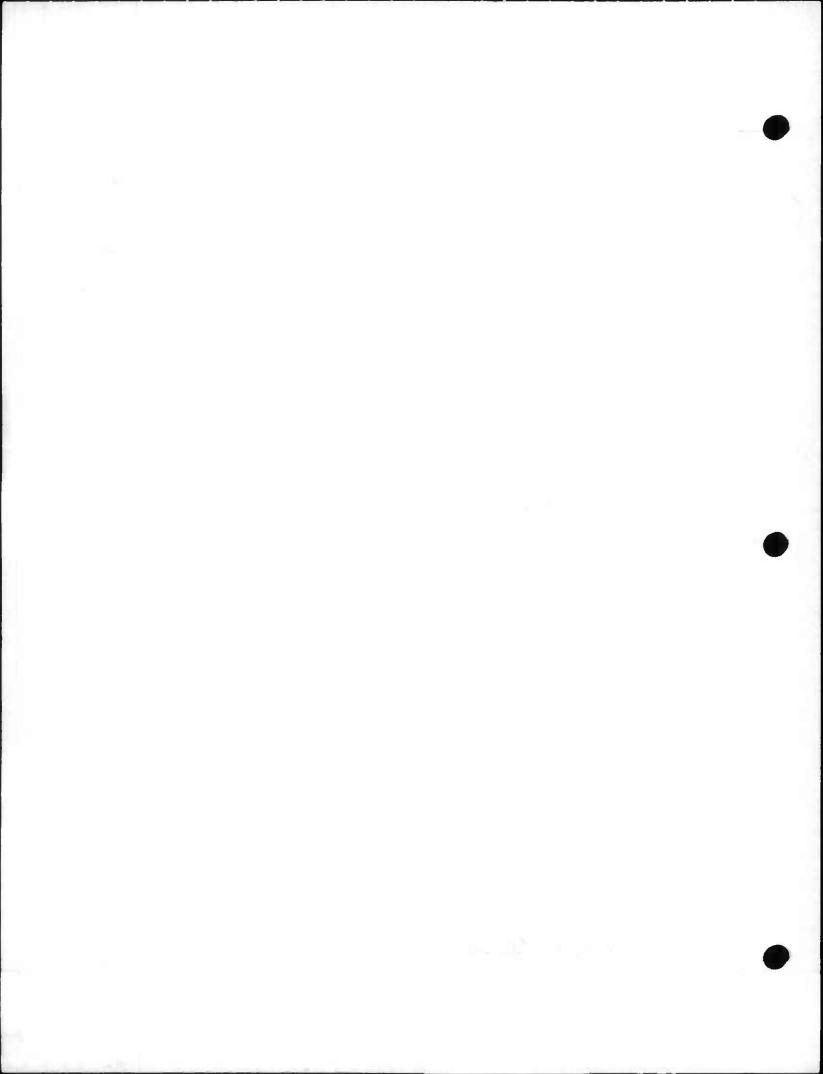
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

13	1. DECEDENT'S NAME (First, Middle	e, Last)								2. DATE OF	DEATH	14	YEAR	3. TIME OF DEATH
	LAWRENCE CHA				RCHI	ER					01 - 1		TEAN	7:30 pm
	4. SOCIAL SECURITY NUMBER	5. SEX		(In yrs. lesi		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF E	BIRTH N. Ybac)		6. BIRTH	IPLACE (State or Foreign
- 1		1 🔯 M		38	YRS.					03-14	1-19	55	Wes	t Indies
œ	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
DIRECTOR	Howard County General Hospital Columbia HOWARD										ARD			
E I		COUNTY			10c. CITY	r, TOWN OR	LOCAT	ION	_					10d. INSIDE CITY
	Maryland	Howard				Colum	bi	a						LIMITS?
A	10e. STREET AND NUMBER						101.	. ZIP CODI	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	9689 Basket	Ring :	Road		21045					5 U.S.2				.A.
	11. MARITAL STATUS 1 Never Married 2 Marrie		DECEDENT EVER			13. W	S DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-		E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YE	S, GIVE WAR OR	DATES				2 X NO			,,		Spec	w Black
	15. DECEDENT	'S EDUCATION		16a. DE	CEDENT'S	USUAL OCC	UPATIO	ON .		16b, KIN	O OF BUS	UNESS/INC	CUSTRY	
E.	(Specify only highe Elementary/Secondary (0-12)	at grade completed) College	(1-4 or 5+)	(G/	ve kind of w Do NOT us	vork done du e retired.)	ing mos	st of working	g					
릴	12th			C	ler	ζ				He	ealt	h Fo	ood	STore
COMPLETED	17. FATHER'S NAME (First, Middle, L									ME (First, Middl				
BE	Ivan Arche									een Be	_			
2	19a. INFORMANT'S NAME (Type/Pri	,	(3I)	190	MAILING	ADDRESS (itroot a	nd Number	or Aural F	Route Number, C	City or Town	, State, Zir	Code)	4D 21045
	Phyllis Ben	jamin							PI					1D 21045
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State														
	4 Donation 5 Dother (Specify) Ash Memorial Cemetery 6/5 Sandy Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											ng, MD		
	SMOWDEN FUNERAL HOME, P.A.													
	3,000	1.1	Fun	WE	eu			ILL			0850			
	23. PART i. Enter the disease shock, or neart for	aliane I let embe		anah Ha-										Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	1	Acquir PUIRE	ed I	mmui	ne De	fi	cie	ncy	Syndi	rome	0.0		Onset and Death
	resulting in death)	a. #*(DUE TO (OR AS	A CONSEC	WENCE OF	VUIL	_J	4 FI	(18	ord 2	yn	160	me	
z										,				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO (OR AS	A CONSEQ	UENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c	2117 70 (27.12											
E	that initiated events resulting in death) LAST		DUE TO (OR AS	A CONSEC	UENCE OF):								i l
E I		d												+
	PART ii. Other significent con		uting to death	but not re	sulting i	n the unde	rtying	cause g	iven in	Part i. 24e	. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	- D147	21/18/5								10	YES 2			COMPLETION OF CAUSE OF DEATH?
ME														1 YES 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPI	TAL:	7.02000		OTHER:	26. PL	ACE OF D	EATH (Che	ock only one)				
14S	1 YES 2 NO		DATE OF INJURY	tpatient 3		4 🗆 Nursin	_	-	sidence	6 C Other (Sp				
	1 Netural 5 Pendin	9	(Month, Day, Year)		26b. TIME INJ	URY	WOI	URY AT RK? 'ES 2	2 MO	28d. DESCRIE	BE HOW IN	JURY OC	CURED	
BY	2 Accident Investig	26.0	PLACE OF INJUR	Y — At hor	ne, farm, s				INC	28f. LOCATIO	N (Street a	nd Number	or Rural F	Inute Number
ETED	4 Homicide 6 Could	HOC DB	building, atc. (Sp.	ecify)						City or To	wn, State)		0. (10.0.)	
٦	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To th	e hast of my know	wladon day	th occurre	d at the time	data	and place	and due	to the count				
COMPL	ann't) and manner as stated.
	29b. SIGNATURE AND TITLE OF CE		1						NSE NUM					(Ment), Day, Year)
BE	400	S. L	of					0	252			. 4	0///	193
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLE	TED CAUSE OF D	EATH (ITEN	27) (Type,	Print)			- 52	, –			11	,~
	Jerry 6.	Seals,	M. D.	57	55 (Cedar	L	ane	, Co	lumb	ia,	MD		
	31. DATE FILED (Month, Day, Ybar)	37	EGISTRAR'S SIG											
- 4	31. DATE FILED (Month, Day, Year) 32. BEGISTBAR'S SIGNATURE Fulia Day Lon Mondale													



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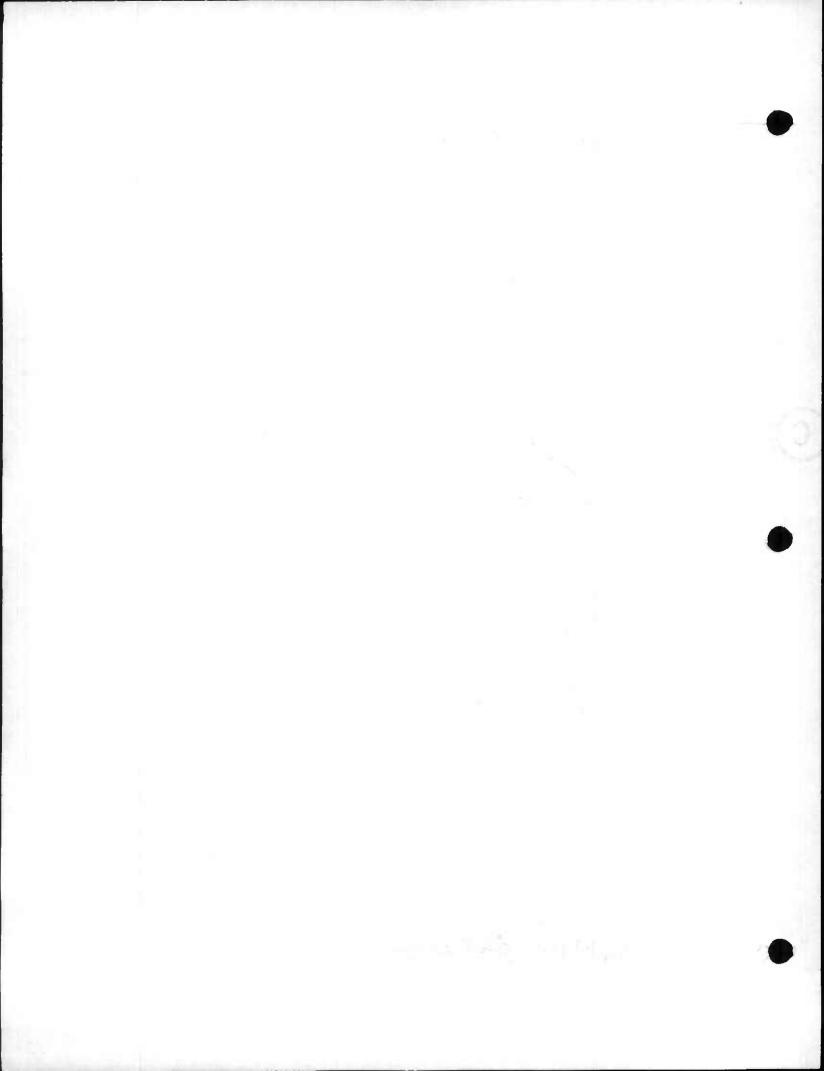
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospitals.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sign 5 should be detached by use as the burnist permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

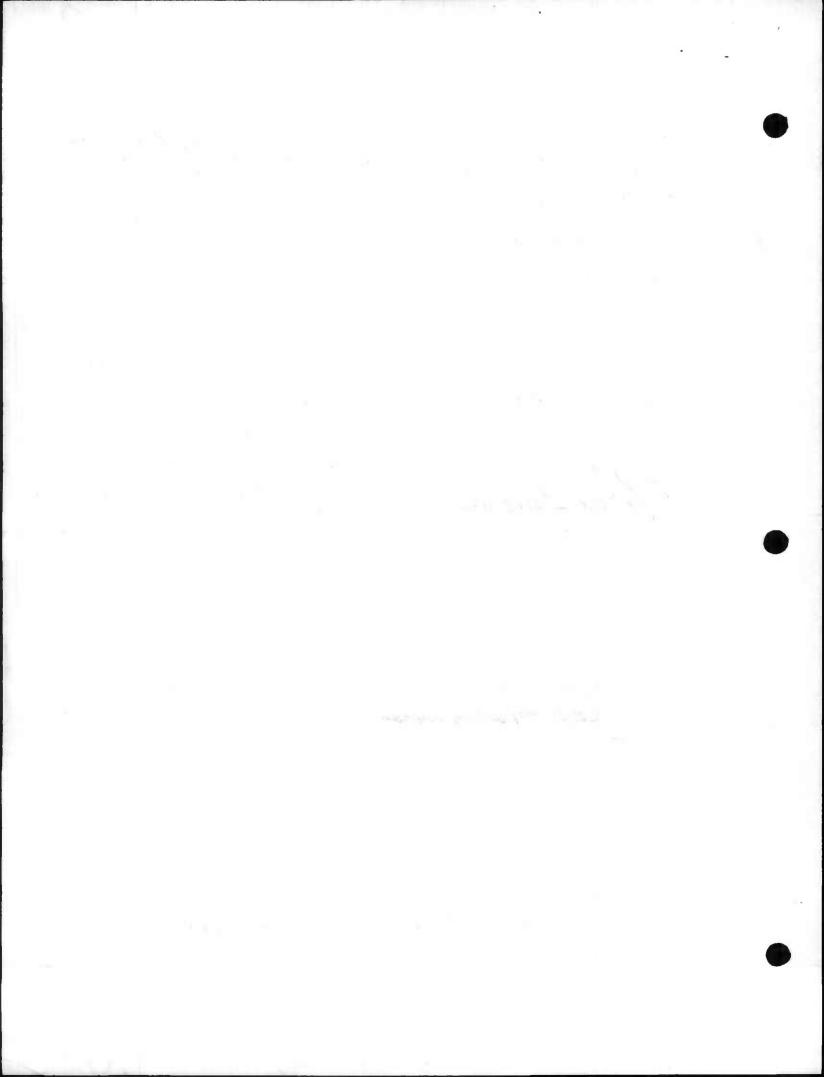
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

17340 93 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First	Middle Lent				IOAI	_ 01	DEA	.,,		EG. NO		_		
- 8	PIERCE	B. B.		Jr.						2. DATE OF I	DEATH D	5	YEAR 3	3. TIME OF DEATH 8:35 PM	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)		R 1 YEAR	IF UNDER		7. DATE OF B		8. BIRTHPLACE (State or Foreign			
	578-18-2369 9a. FACILITY NAME (If not in		1 X M 2 D F	73	YRS.	MONTHS		HOURS	Mirel.	May 9,				land	
E :	Į,						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	18667 Musta	EDENT				Gern	nanto	own				Mor	itgom	ery	
H	10e. STATE	10c. Cl	TY, TOWN	TY, TOWN OR LOCATION 10d. INSIDE CITY						10d. INSIDE CITY LIMITS?					
	Maryland		gomery		Gen	mantown 1 Tyes						1 TES 2 NO			
FUNERAL	18667 Musta		ed Ct.				101. ZIP CODE 109. CITIZEN OF WHAT COU					VHAT COUNTRY?			
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN? (Sp	pecify Yes			- American Indian	
BY F	1 Never Married 2 3 Divo		1941-45				If yes, sp	ecify Cube	ın, Mexice	n, Puerto Ricen	, etc.)		Speci		
8	15. DEC	EDENT'S EDU	ICATION	16a. I	DECEDENT'S	USUAL O	CCUPATION	DN		16b, KIN	D OF BUS	SINESS/IN	DUSTRY	White	
<u> </u>	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)														
COMPLETED			4	Ce	rt. H	ubli	c Ac	coun	tant	Sel	f En	nplov	red		
8	17. FATHER'S NAME (First, M									ME (First, Middle					
BE	Pierce B. B		Sr.							len Bu					
2	194. INFORMANT'S NAME (7									Route Number, C					
	Doris M. Kol								Ct.	Germa					
	1 Burlel 2 X Cremetio 4 Donation 5 Other	n 3 🗆 Rem	novel from State	cemetery, of Metro	EANDDATE	of Dispositive place)	Crem	ators	17	DATE	20c. LO	- NOITAS	City or To	wn, State Virginia	
	21. SIGNATURE OF FUNERAL		CENSE	THE CT	оротт	22.	NAME A	VD ADDRES	SS OF FA	CILITY	итех	anuı	la,	virginia	
	> ×.5	(3								Home	Cod	*1	1	- 10 00077	
	23. PART I. Enter the di	seases, or	complications the	t caused the	teath. Do	not enter	tha mo	da of dvi	ing suc	k DI.,	Or reani	tner	sbur	g, MD 20877	
	shock, or he IMMEDIATE CAUSE IFIN	eart failure.	List only one cau	se on each iii	ne.				۸ د د	o cardiac	or reap	atory ar	reat,	Interval Between	
	disease or condition resulting in death)		mus	Tarda	and the	P	2	dea						Onset and Daath	
	resurting in death)		DOE TO	TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):														
CERTIFICATION	if any, leading to immade cause. Enter UNDERLY	diata	DUE TO	(OR AS A CONS	EOUENCE O	F):									
FIC	CAUSE (Disease or inju- that initiated events		c	OR AS A CONS	EQUENCE O	E:									
E	resulting in death) LAS	г	4											İ	
	PART ii Other elcolflee	nt condition													
EDICAL	PART II. Other significa	nt condition	ia contributing to	daath but not	reaulting	in the ur	ndariying	csusa g	lven in	Part i. 24s.	WAS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ğ	- House		1 17/1	Ke	FC+	1	- CL	, 0	de	-7 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
Σ	P From	ape	, ou	over										1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL													
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	eck only one)					
14S	27. MANNER OF DEATH		1 Inpetient 2 I			- 1		- 13	eldence	8 Other (Spe	**				
	Naturel 5 1	Pending	(Month, De		28b. TIN	URY		URY AT PRK? (ES 2 [1 110	28d. DESCRIB	E HOW IN	JURY OC	CURED		
ВУ	2 Culota	nvestigation	28e. PLACE OF	F INJURY At I	nome form	street fact			J NO	201 1 0017101	1 (0	-141 - 4			
COMPLETED		Could not be determined	building,	ntc. (Specify)	,,		ory, orne			281. LOCATION City or Tox	rn, State)	na Number	or Hurai Fi	oute Number,	
Ä	290. CERTIFIER 1 CERTI	IFYINO PHYSI	CIAN: To the beet of	my knowledge (lasth occur	ad at the t	lena deta	and alone							
ME	(Check only one) 2 MEDI	CAL EXAMINE	R: On the beels of ex	amination end/o	r Investigatio	on, in my o	pinion, d	end piece,	end due	to the ceuse(e) time, data and i	end men	ner ee atal t due to th	led.) end menner se atated.	
	29b. SIGNATURE AND TITLE	_							NSE NUM						
BE	Down	12	1	10	102									(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (7/pa	Print) -		DZ	736	/		-	1/2	7/7-5	
	DOISLAS A	54	mark	ER.A	10	61	500	w	Sie	2076	00	EX	مود	PIE	
	31. DATE FILED (Month, Day,)	A 6			10		~ 8C	140	NL	- 1000	M.D	-3	LOE	50	
	JUN	0119	93 guli	Pavidsor	-Aand	22									



		William Paul Pal					2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATN
		William Paul Bak				<u> </u>	JUNE 3	199	3	0725 "
pin		126-07-5740	1 XX 2 = 81	E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Viarch 13		8. BIRTNPLA Country) Md	CE (State or Foreign
, 2, 3 should	TOR ROT	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEMENT								
	DIRECTOR	10e. STATE 10b. COUNTY Md Worce	ster		n City					1. INSIDE CITY LIMITS? YES 2 \(\text{NO} \)
THE RESERVE	A	10e. STREET AND NUMBER			1	101. ZIP CODE		10g. CITIZ	ZEN OF WHAT	
1	FUNER	12203 Nana'a Way	/			21842		USA		
215-0020 attending physics ise as the buriering	à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes,	ES 2 NO Specific	in, Puarto Rican, etc.)	Yas or No—		American Indian, hita, etc. Vhite
215 attend	9	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF 8	BUSINESS/INDL	USTRY	
21 21 21 20 20 20	once. COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rork done during e retired.)	pperator notel owne	er restau	urant	& mot	el
A the h	COM	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Meid	en Surname)		
	E 111	William Robert Ba	aker			Myra H				
E, MARYLAND be retained by the hospit ige 5 should be detached	1 2	Joanne Johnson				ve., Berl		21811	Code)	
IMORE Page 6 may al director, pa	or must be	20a. METNOD OF DISPOSITION 1	val from State	ob. PLACE AND DATE Of the second of the seco	morial	Park 6	/6/93 Be	rlin, A		Stata
ALT death.	examiner	White L	Burson		Burk	and address of Fa page Fune in . Md.		, 108	Willian	ns Street
P.O. BOX 68760, the certificate be executed within 24 hours at ending physician and completely filled in by I Hygiene prior to burfal, cremation, or remore or other traumatic event, the medic.	2	23. PART. Enter the disease, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ist only one cause on	ed the death. Do neach line. Land land A CONSEQUENCE OF	un	node of dying, suc	h aa cardiac or rea	piratory arre	ent,	Approximate Interval Batween Onset and Death
	er other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
ORDS that the d ed by the th and Me	any inju	PART II. Other significant conditions Houman	contributing to deeth	but not resulting in	n the underly	ing ceuse given in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE OEATH?
RECC requires of Health	SHOWS	_ DVT	c PE,						1	YES 2 AND
			ray site	y clisea						
F VITAL F rSICIAN: The law r certificate has be th the State Dept.	SICIAN		HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)			
F V		1 VES 2 NO 27. MANNER OF GEATN	1 Inpatient 2 ER/Ou 28s. OATE OF INJURY			ome 5 Rasidence				
〇 美麗美.	ē c	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY	WORK?	28d. DEŞCRIBE NOV	I INJURY OCCI	DHED	
TISIC TTEND TTOR: A affer d	ED 5	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Sp.	RY — At home, farm, st		281. LOCATION (Stree City or Town, Sta	NTION (Street and Number or Rural Route Number, r Town, State)			
OR OHI	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICE 2 MEDICAL EXAMINER	IAN: To the best of my kno							i manner es stated
TO THE MOSPITAL TO THE FUNERAL (De fied within 72 h	D BE COM	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUI	4BER		SIGNED (MO)	
5 5 5	2	Mausie				V30	0693	> 6	013/9	'3
		30. NAME AND ADDRESS OF PERSON WHO DV. STEVEN CRAW				Ve SALIS	SBURY MI	D 2180		
		DV , STEVEN CRAW 31. DATE FILEO (MONTH, Day, Year) 11 IN 1 0 1003	32. RESISTRAR'S SIG	NATURE - So	4.	/		,		

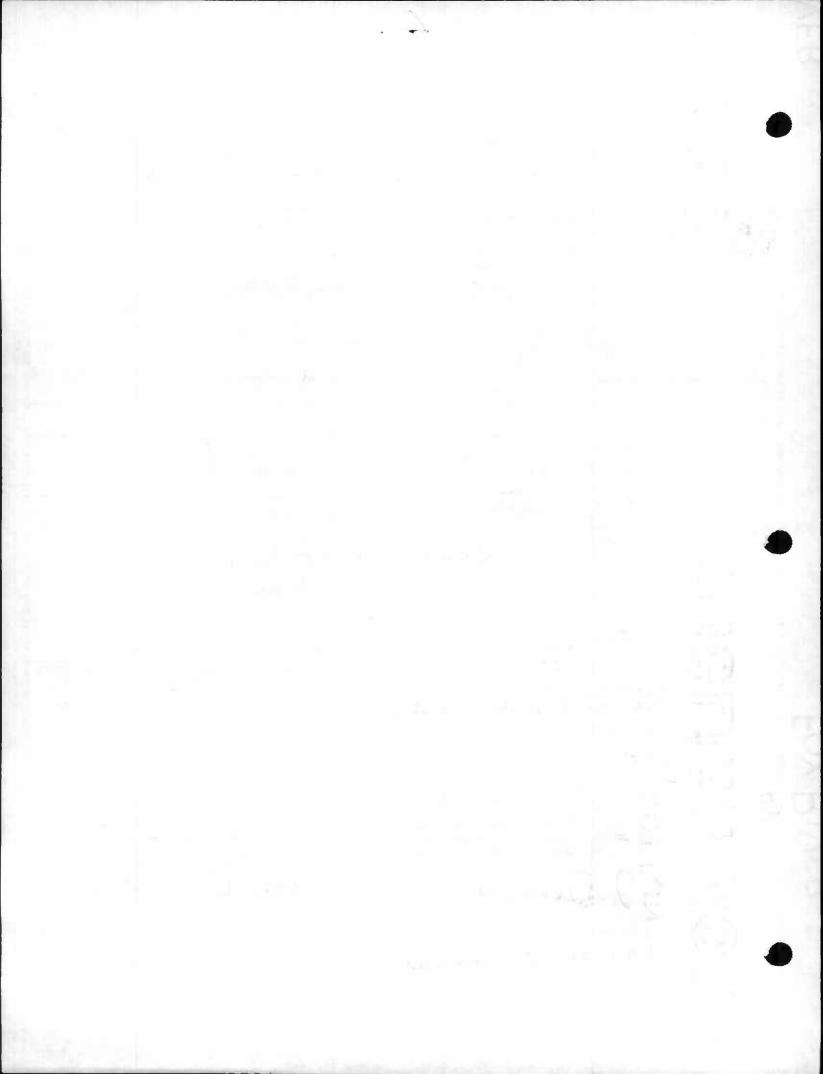


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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted and second by the case of the complete of the case of t	08 MBO Willim 12 Hours after Joedan Will be a scale open, for feature and reflect a feature and the market he market he market of new months and the market of the market
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JUN

								MONTH	May 27, 1993 17			
2) P rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.								
BY FUNERAL DIRECTOR	217 - 36 - 0367	80 Y	RS. MONTHS	DAYS	HOURS	MIN.	Nov.	2°, 10°1'9	12	Mary 1	land	
	9a. FACILITY NAME (If not Institution, give		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
	Winona Farm, Rt	Que	Queenstown					Queen Anne's				
	Maryland Que	104		Ouganatary						IOd. INSIDE CITY LIMITS? I YES 2 X N		
	Winona Farm, Rt. 2, Box 311				101. ZIP CODE 21658					10g. CITIZEN OF WHAT COUNTRY? United States		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	2 NO If yes, specify Cuban, Maxic				an, Puarto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify: White		
9	15. DECEDENT'S ED (Specify only highest gra	(Give kii	ENT'S USUAL O	during mo		ing	16b. KIND OF BUSINESS/INDUSTR			USTRY		
TO BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do I	vor use retired.) Farmer					Farm	ing		
	17. FATHER'S NAME (First, Middle, Last)	-		rarmer		I so Mon	LUED'S NA	ME /First M	iddle, Maiden			
	Clarence Tilgh	man Bishop							ed Ba		t	
	19a. INFORMANT'S NAME (Type/Print) Wife 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Winona Farm, Rt. 2, Box 311, Queenstown, MD 21658											
	20s. METHOD DF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Donastion 5 Other (Specify) 20b. PLACE AND DATE DF DISPOSITION (Name of cemetary, cremetary, or other place) Chesterfield Cemetery 5/30 Centreville, Maryland											
NOI		19pus						al Ho		lle,	Mary:	land 216
TION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions,	a. DUE TO (OR		Do not ente	P.O.	Box ode of d	222 ying, auc	, Cen	trevi			Approximatinterval Bet Onset end I
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DHMH-18 Rev 1/89



RYLAND 2 ed by the hospital uld be detached for	
RE, MA	er de monneu de onice.
BALTIMORE, MARYLAND 21215-0020 1.24 hours after death. Page 6 may be retained by the hospital or attending physicis by filled in by the funeral director, page 5 should be detached for use as the burial-the medical examinate much he medited as a control of the medited as a control of the medited as a control of the medical examinate much he medited as a control of the medited as a control of	THE HEALTH CARTHER HIS
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a DRECTOR. After this certificate has been signed by the attending physician and completely a hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremat than 28 is marked or than 33 shows any Inlinity or other trainmaths event it.	we are might be come described orders,
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit d within 14 km by the foundable of the control of the pure of t	The same of the sa

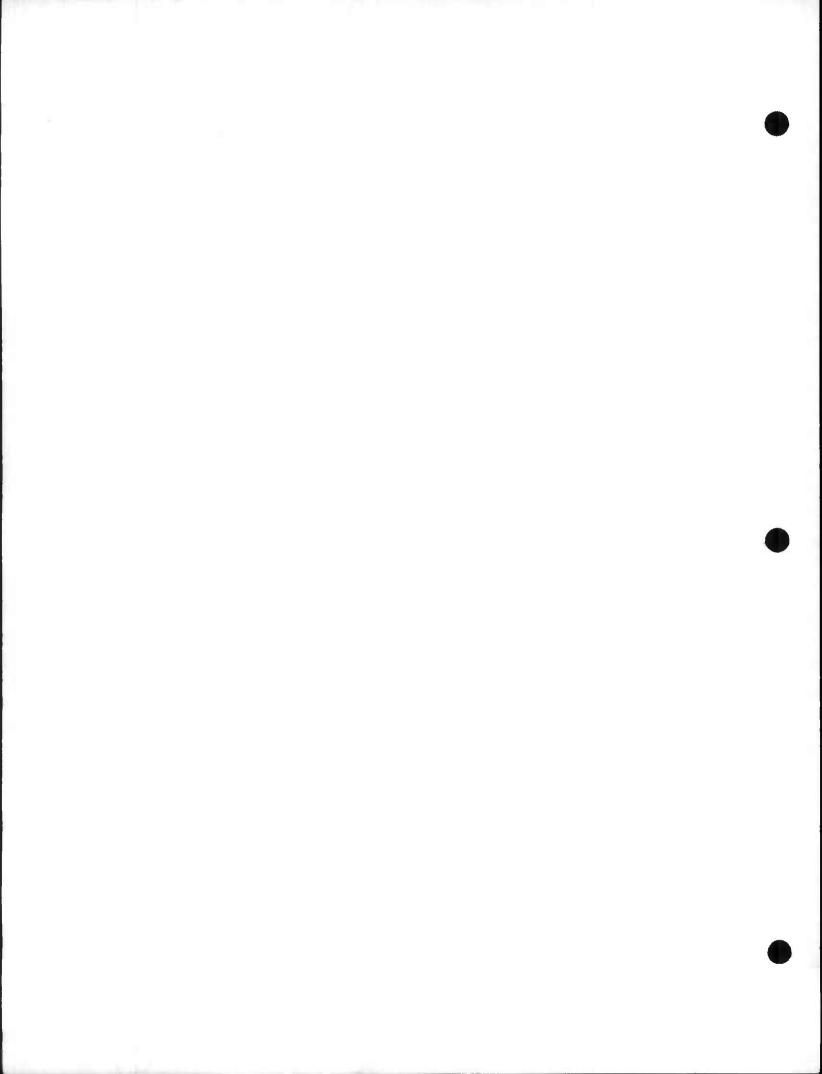
THE HOSPITA THE FUNERAL filed within 72

2 2 3 ₹

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 24 24 1993 7:00**9 P** M Richard Bowser 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAVE MOURE 213-16-8876 1 🙀 M 2 🗌 F 83 7-9-09 PA 9a. FACILITY NAME (If not institution, give atreet and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MEMORIAL HOSPITAL AT EASTON EASTON TALBOT RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Talbot Cordova 1 YES 2 V NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12935 Newtown Road-Cordova, MD 21625 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 — YES 2 🔀 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 2 XNO BY 3 Widowed 4 Divorced BLK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) dary (0-t2) College (t-4 or 5+) 12 n/a Carpenter/Retired Carpentry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname). Richard Bowser BE Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 12935 Newtown Road-Cordova, MD Margaret Marie Bowser 21625 20s. METHOD OF DISPOSITION
1 & Burtel 2 Criteration 3 Removal from State
4 Defeation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Newtown Cemetery 5-29 Cordova, MD SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fooks Funeral Service 917 W. Isabella St. Salis, MD 21801 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert feilure. List only one ceuse on each line. intsrvai Between **IMMEDIATE CAUSE /Finsi** Onset and Death disease or condition___ exme heart failure resulting in deeth) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

/ Change Pland Faulure MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY t TYES 2 OF DEATH? 1 YES 2 NO Prastate PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide determined 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of average stated and place and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated. 296 SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED /Month 0 Warlene A Bielechi MO 70 Bay 460 July DOEAUSBIES A 31. DATE FILED (MONTH) 1993"



TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 about a death. Bane 6 may be resistand by the bounded no second and a second a second a second and a second a second and a second and a second and a second and a second and	ar feath Pane 6 may be retained by the Bosonial or attendion observing
	or court. Tage of manifed by the mospital of attending physicials.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	the funeral director, page 5 should be detached for use as the burial-transit name expendence
be filed within 72 hours after death with the State Dept, of Heatth and Memai Hyglene prior to burial, cremation, or removal.	val.
IMPORTANT If Item 28 is marked, or Item 23 shows any Injury or other traumatic event, the medical examiner must be notified at ence	examiner must be notified at once
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CERTI	FICALE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				0	2. DATE OF MONTH	D/	AV)	3. TIME OF DEATH	
	IENA	MAE BIVI		•	Jaul	May	23	5 199	93 11:30 6	M f
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		YEAR IF UNDER 24 HRS.	7. DATE OF	BIRTH lay, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	215–14–3858	1 🗌 M 2 🙀 F	73 YRS.			(Month, 0	-19		MD	
~	9a. FACILITY NAME (If not institution, give s	,			OWN OR LOCATION OF E	DEATH			Y OF DEATH	
0	PENINSULA REGIONA	AL MEDICAL	CENTER	SA	LISBURY		COMICO			
E	10e. STATE 10b. COUNTY	Υ	10c, C	ITY, TOWN OR	OCATION				10d. INSIDE CITY	_
DIRECTOR		ræt		incess A			1			
FUNERAL	10e. STREET AND NUMBER		- C-10-		10f. ZIP CODE			-	N OF WHAT COUNTRY?	
ij.	12550 Backbone Road	-Princess Ann	n, MD		21853			U.	S.	
2	11. MARITAL STATUS	12. WAS DECEDENT EX		13, WA	S DECENDENT OF HISPA	ANIC ORIGIN?	Specify Yes	or No- 14	I. RACE — American Indian, Black, White, atc.	
ВУ	1 Never Merried 2 Merried \$\infty \infty \text{Widowed} 4 Divorced	IF YES, GIVE WAR			YES ZX NO Speci		in, atc.;		Specify:	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'	f work done duri	JPATION ing most of working	16b. KI	ND OF BUS	SINESS/INDUS	BLK	_
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT	use retired.)	ng most or wortery					
M P	12		Retii	red						
8	17. FATHER'S NAME (First, Middle, Last)	t. Di			18. MOTHER'S N					
띪	Sidney Franc	is Br	vens			tella		ivens		
2	19e. INFORMANT'S NAME (Type/Print)				treet and Number or Rural				ode)	
	Beatrice Wright				Road-Princes	s Anne,				
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remo 4 Dopation 5 Stother (Specify)	oval from State	SU-PLACE AND DATE	September Ch	urch Ceneter	у 5–29		CATION — CITY COSS Ani	y or Town, State Ce, MD	
J	PT. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE D		22. NA	ME AND ADDRESS OF FA	ACILITY F	boks I	Juneral	Service	
(Queull.	- Fook	_	917	W. Isabella 9	Street-S	alisb	ry, MD	21801	
	23. PART I. Enter the diseases, or of ahock, or heart fallure.	complications that or	sused the deeth. Do	not enter th	e mode of dying, au-	ch ae cardia	or reapl	ratory arres		
H	IMMEDIATE CAUSE (Final	One cause	on each mile.	-0	10 -	00			Interval Between	
	disease or condition resulting in death)	. me	un De	alt	(Orac	- W	K	b-ch		
1		DUE TO (OR	AS A CONSEQUENCE O)F): /	00	1	1	0	0	
CERTIFICATION	Sequentially list conditions,	b. OUE TO (OF	AS A CONSEQUENCE	OFI.	de 1	offel			dog	
¥	if any, leading to immediate cause. Enter UNDERLYING	0.12	2.5	Bul	and of	100	0	0	1	
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):			7		1	
	resulting in death) LAST	d							U	
	PART II. Other eignificant condition	a contributing to de	ath but not sociation	le the west						
EDICAL	TANT II. Other digitilicant condition	a contributing to des	an but not resulting	in the unge	riying ceuse given in	1 Part I. 24	PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
ă						— I 1	YE\$ 2	□ NO	OF DEATH?	
						- 1			1 TES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL									
딛	EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C					_
ĭ∥	27. MANNER OF DEATH	26e, DATE OF INJ			Home 5 Residence	_		NJURY OCCUR	nen	
	t Handful 5 Pending	(Month, Day, Y	bar) IN	JURY	WORK?	200. 02301	IBE NOW I	NONT OCCUR	NED .	
0 84	3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — Al home, farm,	street, factory	office	28f. LOCATI	ON (Street #	and Number or	Rurai Route Number,	\dashv
Ш	4 Hamilaide determined	building, etc.	(Specify)			City or 1	lown, Stete)			
2	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death occur	red at the time	, date and place, end du	e to the cause(e) end mer	mer ee stated.		П
COMPLET									euse(e) end menner ee stated.	
u II	29b. SIGNATURE AND TITLE OF CERTIFIER	. 0			29c. LICENSE NU	IMBER		29d. DATE S	IGNED (Month, Day, Year)	
2	Hus	Deloc			DO20 20	3		15	107	
	16. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE O		-		,				
21	7 + +	Tres	- Gary	Green	MD GUII	M460	cust	Sts. S	salisbury, MD.	
	31. DATE FILED-TAtorch, Day (bar)	32. REGISTRAR'S							7/	_

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3	4	
ADING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	
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DIRECTOR

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23 shows any

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HOSPITAL OR ATTENDING PHYSICIAN;

TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is i

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH SR. ROBINSON J. BAITTINGHAM 993 MAY 20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
DEC 4, 1919 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 73 BERLIN 1 X M 2 - F 213-05-0831 YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 10c. CITY, TOWN DR LOCATION BERLIN 10a. STATE 10b. COUNTY 10d. INSIDE CITY WORCESTER MD. 1 YES 2 NO 10e STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10423 TRAPPE RD. USA 21811 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BLACK 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY nry (0-12) College (1-4 or 5 +) FISH MARKET LABORER 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) JOHN BRITTINGHAM OUIDA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARIE BRITTINGHAM ADDRESS SAME AS ABOVE 20s. METNOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION - City or Town, State DATE EVERGREEN 4-23 BERLIN, MD. 4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSES JOLLEY MEMORIAL CHAPEL: RTE. #2, BOX 920 SALISBURY, MD. 21801 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** Massive disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ASCVD Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY

PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part I. 3/P Belateral AKA

1 TYES ON NO

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 WES 2 NO

5 Pending investige

6 Could not be determined

27. MANNER OF DEATH

Natural No

3 Suicide

4 - Homicide

HOSPITAL:
|| Inpetient 2 | ER/Outpetient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year)

OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 28b. TIME OF

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

26. PLACE OF DEATH (Check only one)

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State)

CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated one)

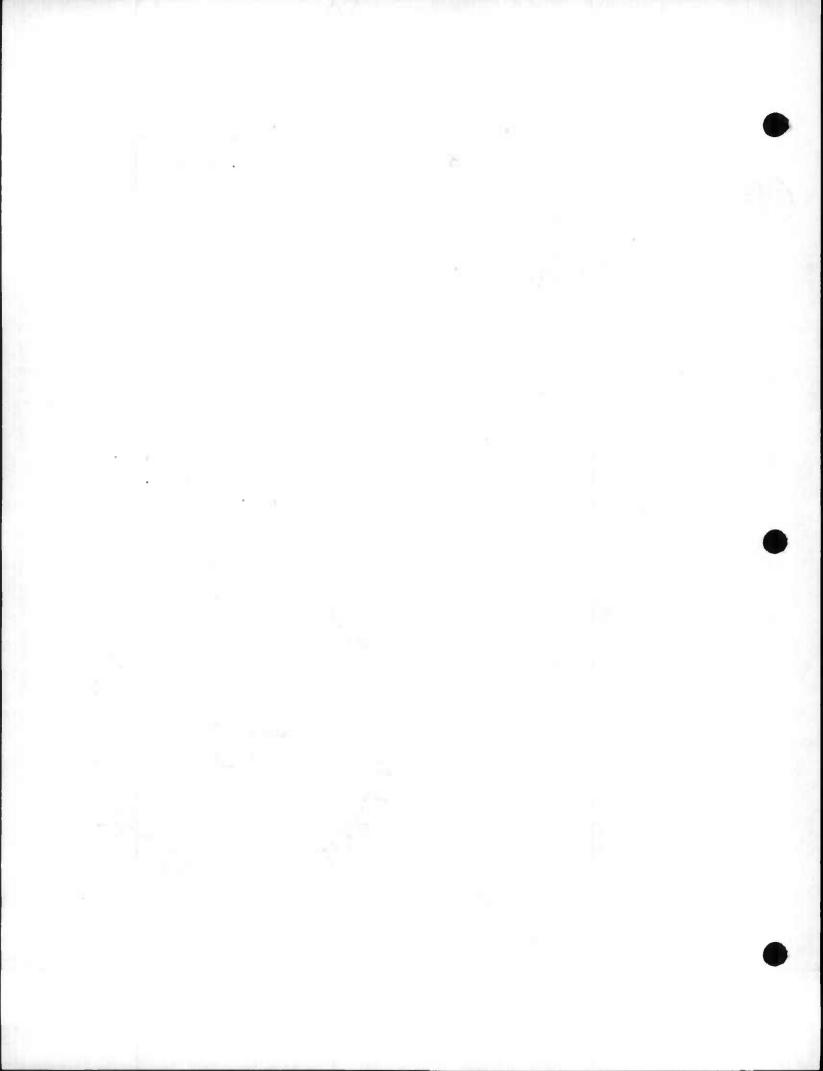
MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

029105

120 93

106 Milford Huddleston. MA July 2009 113 Bros Handall

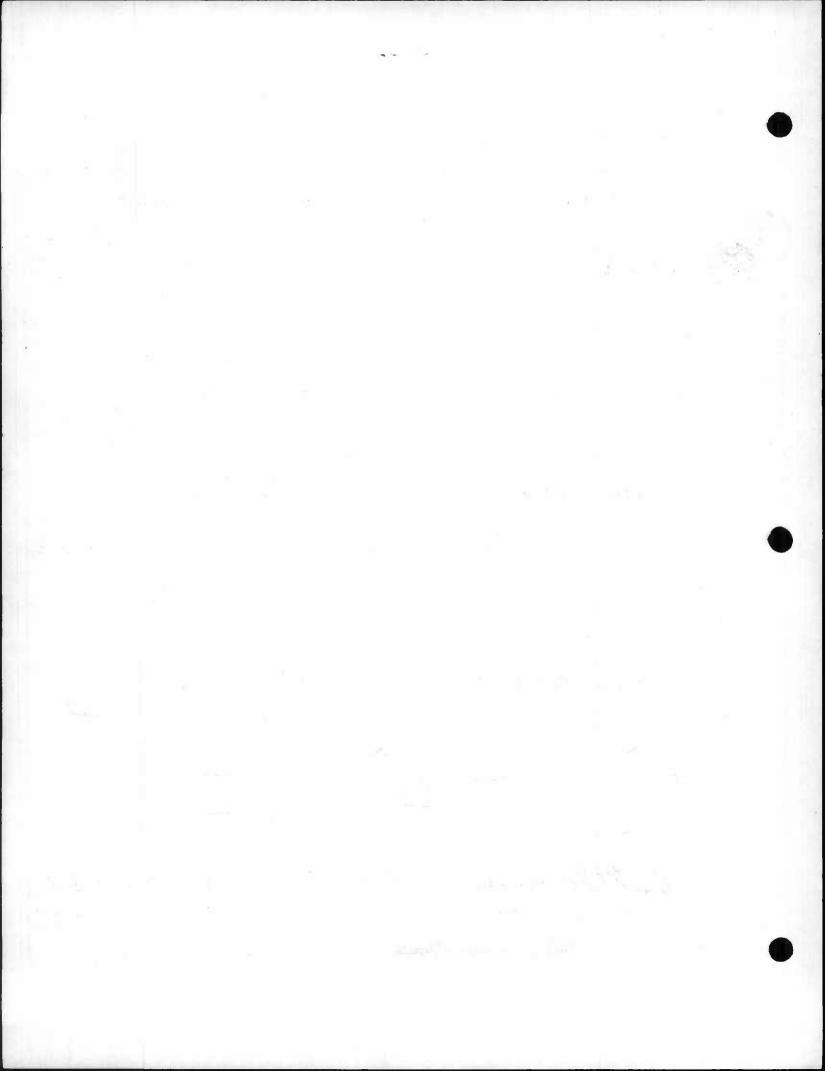


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n. Page 6 ma	eral director,		niner must
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within 2. not	pletely filled	cremation, or	ent, the m
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that the dea	ed by the att	th and Menta	any Injury,
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YSICIAN: The	s certificate I	th the State	d, or Item
TENDING PH	OR: After this	fter death wi	8 Is marke
PITAL OR AT	RAL DIRECT	A 72 hours a	F. If Item 2
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complétely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR			MARYLAND	ERTIF	ICATI	E OF	DEAT	Н		REG. NO	-		17346
	1. DECEDENT'S NAME (First,									MONT		DAY	YEAR	3. TIME OF DEATN
		earl	BELL								ne 5,	1993		3:20 p м
	4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In yrs.		MONTHS	DAYS	IF UNDER	24 HRS.		OF BIRTN		6. BIRTNP Country)	LACE (State or Foreign
	220-38-0177		1 M 2 F	100	YRS.		- Constitution	1100110		Apr.	20,	1893	West	Virginia
_	9e. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF DE	ATN
5	Cuppett-Wee	Cuppett-Weeks Nursing Home Oakland										Gar	rett	
DIRECTOR	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	MD		Garre	tt					ak1	and				1 X YES 2 NO
AL	10e. STREET AND NUMBER						101	ZIP CODE				10g. CITI	ZEN OF WI	NAT COUNTRY?
EH	619 Alder S	treet						215	550				USA	A
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES						If yee, spe		n, Maxica	n, Puarto	f? (Specify Yo Rican, etc.)	e or No—	14. RACE Black, Specify	- American Indian, White, etc. White
	15 DECE	DENT'S EDU	CATION	160	DECEDENT'S	LIGHAL O	CCUBATIO	NA .		165	KIND OF B	IEINEGE/ING	HICTOV	WILLE
COMPLETED		highest grade			(Give kind of life. Do NOT u	work done	during mo	st of working	g	100	KIND OF BI	Jaineaa/Inu	USINI	
PL	12	12)	College (1-4 or 5		ner/O	pera	tor				Photo	& Gi	ft Sl	hop
OM	17. FATHER'S NAME (First, Mil	ddle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Malde			
	Taylor	Zacha	ry S	chell				Sus	san	-	Tabiat	ha	Sea	ars
BE	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street e			Route Num	ber, City or To	wn, State, Zip	Code)	
2	Mary Susan Dusic													
- 9	200. METNOD OF DISPOSITI				E OF DISPO	SITION (N	ame of cen	netery, cren	natory or		20c. L	OCATION -	City or Tow	m, State
	1 🔀 Buriel 2 □ Cremation 4 □ Donetion 5 □ Other		oval from State		aklan	d Cer	nete	су				aklan	d, Ma	aryland
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE			22.		D ADDRE						
	Stewart Funeral Home 32 S. Second St., Oakland, MD										21550			
	23. PART I. Enter the di	nesses, or	complications th	at caused the	death Do	not ante								Approximate
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											Interval Between		
- 1	IMMEDIATE CAUSE (Final disease or condition											Onset and Death		
	disease or condition a. In the work of the pure of the											Iweek		
	DOE 10 (ON NO A CONSEQUENCE OF).													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
AT	If any, leading to immediate cause. Enter UNDERLYING													
E	CAUSE (Disease or Inju- that initiated events	ry	CDUE TO	OR AS A CON	SEQUENCE C	OF):								
E	resulting in death) LAS		d.											
2														
AL	PART II. Other algnifica				-	In the u	nderlying	cause	given in	Part I.		N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	a theyo	SOLE	rogis,	seni	10	Leev	n en	110		_	1 TYES	2) NO		OF DEATH?
M														1 TES 2 NO
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			QTHE		ACE OF D	EATH (C	heck only o	ne)			
YSI	1 TYES 2 NO		1 Inpatient 2		_	4 Nu	rsing Horr		esidence	6 🗆 Oth				
	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)					ME OF JURY		URY AT PRK? YES 2	- NO	28d. DE	SCRIBE NOW	INJURY OC	CURED	
BY	2 Accident	nvestigation	26a, PLACE	OF INJURY At	home, farm.	street, fac				261 1.00	CATION (Street	t and Number	or Rumi Br	oute Number
0		Could not be determined	building	, etc. (Specify)			,				or Town, Star		Of Thoras Th	outo Italinosi,
ш	200 CERTIFIER							_						
LETE	29e. CERTIFIER (Check only (Ch													
MPLETE	(Check only													and manner as atoms
COMPLETED	(Check only one) 2 MEDI	CAL EXAMINE	ER: On the basic of					eeth occu	red at the	e time, date		end due to ti	ne cause(s)	end menner as stated.
BE COMPLETE	(Check only one) 2 MEDI		ER: On the basic of	examination and				eeth occu		e time, date		end due to ti	ne cause(s)	end menner as stated. (Month, Day, Year)

Q ayman

32. REGISTRAR'S SIGN 8 1993

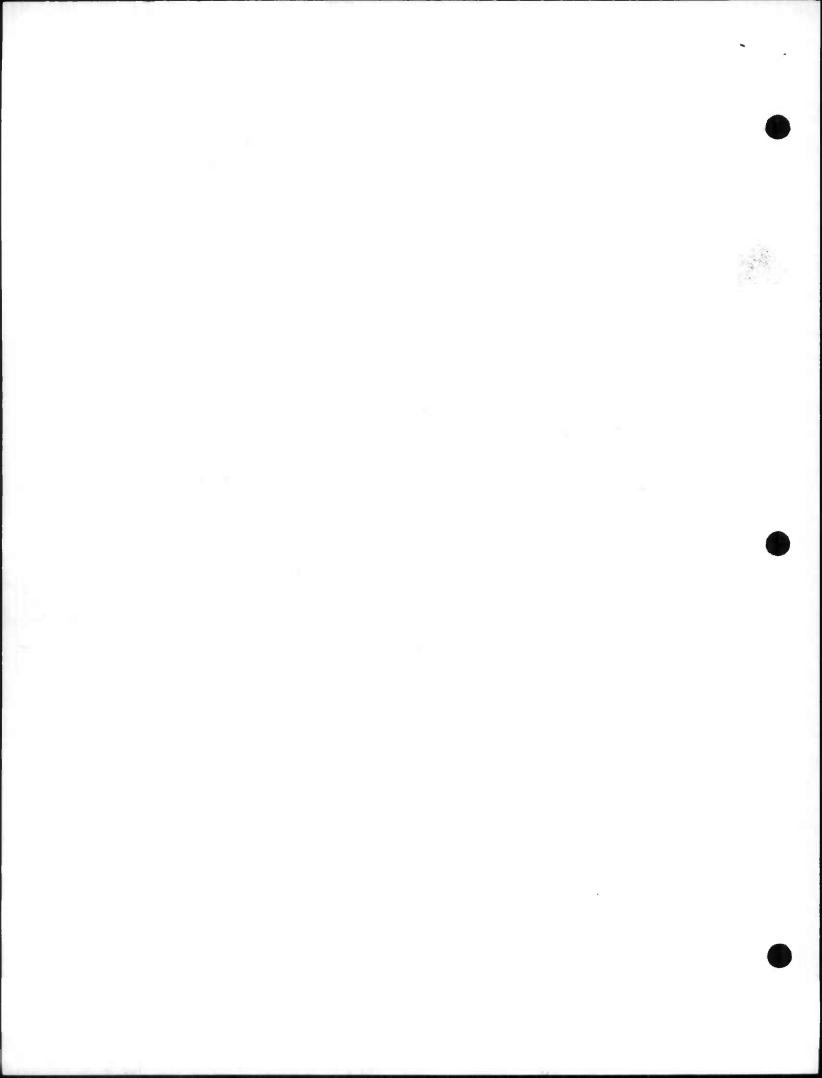


O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-response 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	a medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	90. CAA FIE 100 MD 100 1 16 17. DAA 190 FR. 200 1 Ca 21. 23.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	See if i can CAA this res

BALTIMORE, MARYLAND 21215-0020

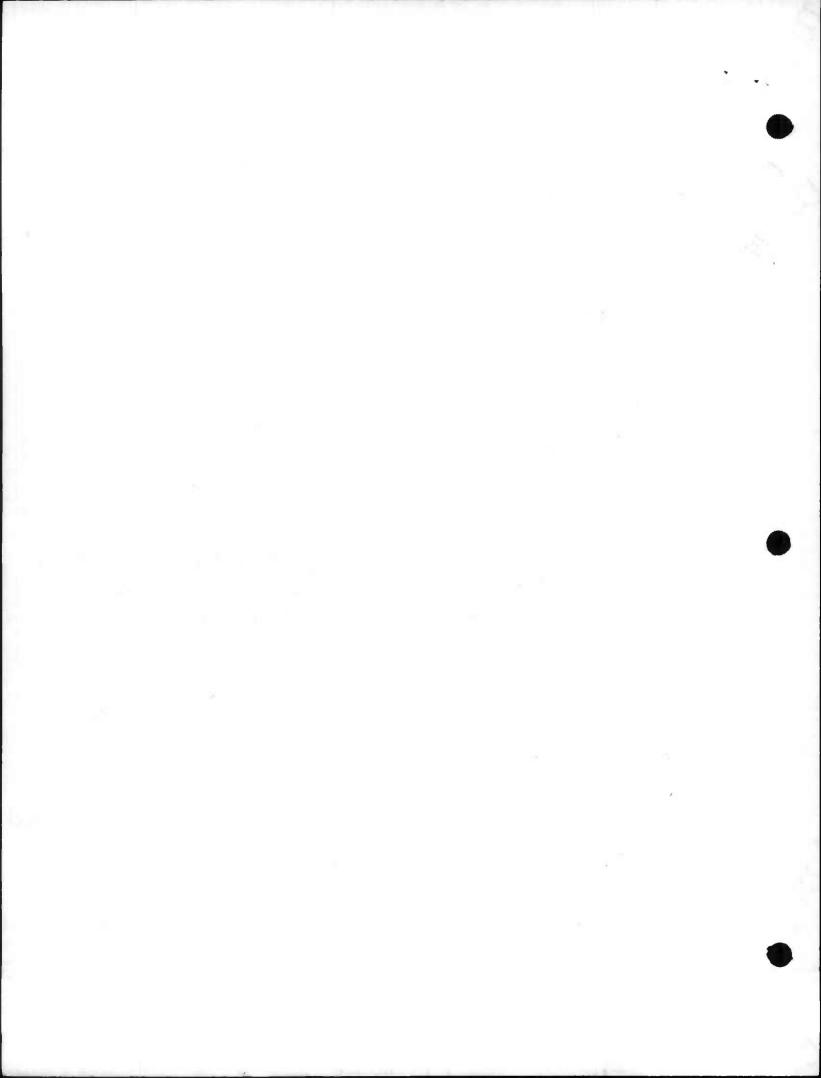
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	HEGISTHAH				OLI	ITICIC	AIL	T DE	AID	R	EG. NO.					
j	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH		
í	FIMER	CRO	USF_		BOHN					MONTH May 2	10	703 13 2460 M				
	4. SOCIAL SECURITY NUME	BER	5. SEX		In yrs. last birt		F UNDER 1 YE	-	MDER 24 HRS.	7. DATE OF E	METH	993	8. BIRTI	IPLACE (State or Foreign		
- }	216-05-17	15	1 PMP F		85	YRS.	RS. MONTHS DAYS HOURS MIN. (Month, Day, Year)						Country) MARYLAND			
- 1	9e. FACILITY NAME (If not in		reat end number)			9	b. CITY. TOY	VN OR LO	CATION OF D		-		Pc. COUNTY OF DEATH			
=	CARROLL COUN	TV CEN	EDAT HOC	D												
	RESIDENCE OF DEC	CEDENT	ENAL HOS	Γ			WES IM	TN21	EK			CARR	OLL			
1	10a. STATE	10b. COUNTY			10	c. CITY, 1	OWN OR LO	CATION						10d. INSIDE CITY		
	MD	CARR	OLL	U	NOIN	BRID	GE						1 ☐ YES 2 ☐ NO			
	10a. STREET AND NUMBER							10f. ZIP	CODE			10- CIT	TEN OF V	1 TYES 2 NO EN OF WHAT COUNTRY?		
	16 S. FARQUH	AR ST.							21791	- 1	log. Gill	U.S				
	11. MARITAL STATUS		12. WAS DECEDEN	T FILED II			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea									
	1 Never Merried 2	Merried	FORCES? 1	YES	2 NO	,	If yes	, specify (Cuben, Mexico	or No—	14. RACI	E Americen Indian, k, White, etc.				
	3 Widowski dowe	ded	IF YES GIVE W	MR OR D/	ATES		1 WES 2 NO NO NO NO							[®] FE □		
	15. DEC	EDENT'S EDUC	ATION		16a DECED	ENT'E HE							*****			
:		y highest grade			(Give ki	ind of worl	done during	most of v	vorking	100, 1/114	D OF BUS	INESS/INL	JUSTRY			
1	Elementary/Secondary (0	1-12)	College (1-4 or 5 -	·) }	TRUCK	DRI	VEŔ			0	UARR	Y				
	17. FATHER'S NAME (First, M	tatata t = 00														
	DANIEL OLIVE	R BOHN						18.		ME (First, Middle A DELLA						
					_											
	FRANCES L. B				19b. MA	MLING AD	DAESS (Stre	et end Nu	mber or Rural	Aoute Number, C	DCE	State, Zip		21701		
		Drin-	A.T		J30 I	(E) I	1ETGU	19 K		TON DKT	DGE		MD	21791		
	20a. METHOD OF DISPOSITE	ON JUNEAU	NAL from State	20b.	PLACEAND	DATEOF	DISPOSITION	(Name of		DATE	20c. LOC	ATION —	City or To	wn, State		
1 Buriel 2 Cremation 3 Removal from State CAMPley, CAMPLY OCEMETERY 6/1 UNION BRIDGE, MD												,				
Į	21. SIGNADURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS												& SONS			
	* other	(V	· Xh	12/2	~			U	NION E	BRIDGE,	MD					
	acrica	THE O	1 4000	1			L.									
	23. PART i. Enter the di ehock, or he	iseases, or ci eart feilure. L	omplications that list only one cau	se on ea	i the daeth. ach line.	Do not	anter the	mode of	dying, auc	h aa cardiec	or reapire	atory arr	reat,	Approximate interval Batween		
I	IMMEDIATE CAUSE (Fin			1	1			,	-1				-	Onset and Death		
ı	disease or condition	→ .	Ca	rd	LA J	120	بم	40	10	ny	ar	41	19/			
	Total and an account		DUE TO	(OR AS A	CONSEQUEN	ICE OF):	1		1.	10		1				
			COI	4	. ((91	29	ea	lin	Ch	1 an	()	Car	Icure das		
	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A	CONSEQUEN	ICE OF):	d	1 5	-0	*	1	-	1	1 /		
	cause. Enter UNDERLYi CAUSE (Disease or inju	NG	77	71	10-0	3 e	red	46	al.	ind	an	el	10	u days		
	that initiated events		DUE TO	A-PA	CONSEQUEN	CE OF):	16		0	V	¥2			/-		
	resulting in death) LAS	T in	9.00	a i	an	le	ماب	se.	ler	0024	0			yo any		
			4											1		
ı	PART II. Other algnifica	nt conditions	contributing to					ying cau	se given in	Part I. 24a	WAS AN A		24b.	WERE AUTOPSY FINDINGS		
	ypost	00	wn	C .	arre	el4	とん	10	Lel	197	YES 2	-	-	AMILABLE PRIOR TO COMPLETION OF CAUSE		
-	2-2-	92	. 4	de	UR	Per	al	1 745	sec	len		JF 110		OF DEATH?		
	dia	10 - 1) /			-	-		0					1 YES 2 NO		
	25. WAS CASE REFERRED TO	D.MEDICAL T					20	DI ACE (DE DEATH OL							
	EXAMINER?		HOSPITAL:	VOGCVI.			THER:		OF DEATH (Ch							
1	27. MANNER OF DEATH		1 Dinpatient 2 -				-			8 Other (Spi						
1	. /	Pending	(Month, De		28	b. TIME O		INJURY A WORK?		28d. DESCRIE	E HOW IN	JURY OCC	CURED			
t		Investigation							2 NO							
		Could not be	28e. PLACE Of building,	etc. (Speci	— At home, f	lerm, stree	et, factory, o	ffice		28f. LOCATION City or Tox	N (Street en	d Number	or Rural F	Noute Number,		
	4 Horrische	determined														
	290. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowl	edge, daath o	ccurred a	t the time, o	late end o	lace, and due	to the cause(e)	and menn	er en stet	her			
1) end manner ee stated.		
	29b. SIGNATURE AND TITLE										p.1000, 0112	000 10 11	0 000000	y one manner of stated.		
1	296. SIGNATURE AND TITLE	OF CERTIFIER	12					29c.	LICENSE NUM	ABER	2 2	29d. DATI	E SIGNED	(Month, Day, Year)		
	EATTE	~~~	7 () 0	et.	Pay	-			1) (4. 4	14	3		2573		
	30. NAME AND ADDRESS DE	PERSON WHO	COMPLETED CAUS	E OF DEA	TH (ITEM 27)	(Type, Pri	N) N/-1-1		1 4 1	Mala		m	1	71771		
	EPHRA!	M 1.	SAR	ZA	GA	-	1161	K	WI	Was	7	1 11	Coc	217/6		
	31. DATE FILED (Month, Day,	Year)	320 REGISTRA	n's SIGN	TURING	22					1					
	JUN 1 '9	13	guna de	N. don	-1/2,100	21										



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I IS Marked, or Item 23 shows any Injury, or other traus	BY PHYSICIAN: MEDICAL CERTIFICAT
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	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
		SEPH	BROWN		May 27,	1993 YEAR	1:51PM M				
	4. SOCIAL SECURITY NUMBER 216-56-8994	1 OMALE	AGE (In yrs. last birthday) 41 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/07/51	a. BIRTH Count MARY	PLACE (State or Foreign LAND				
TOR	90. FACILITY NAME (If not institution, give FREDERICK MEMORIA RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DE FREDERICK	EATH	FREDERI					
DIRECTOR	10e. STATE 10b. COUNT	EDERICK		, TOWN OR LOCATION ON BRIDGE							
FUNERAL	11939 GREEN VALLE	EY ROAD		101. ZIP CODE 2179	1	10g. CITIZEN OF W	HAT COUNTRY? S.A.				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Ma Diroccell	12. WAS DECEDENT E FORCES? 1 I I IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Markea 1 YES 2 NO Specify	n, Puerio Rican, etc.)	, Puerio Rican, etc.) Blac					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of wo	USUAL OCCUPATION ork done during most of working a retired.)	16b. KIND OF BUSH						
OM	17. FATHER'S NAME (First, Middle, Last)		POLICEMA		ME (First, Middle, Malden St	ry GOVT					
BE C	ELMER JOSEPH BROW	VN			E MAGROGAN	urramej					
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural I	Route Number, City or Town,	State, Zip Code)					
	JANICE A BROWN			11939 GREEN VALLEY RUNION BRIDGE MD 2179							
	20e. METHOD OF DISPOSITION 1 Great Buriel 2 Cremation 3 Great 4 Donation 6 Other (Specify)	ROLLA Tom State	20b. PLACE AND DATE OF cemetery, crematory or oth	F DISPOSITION (Name of per place)	1	ATION — City or To					
	Donation Commettion Donatio										
	atharine	D. Xartz	ler	C. C. C. C. C. C. C. C. C. C. C. C. C. C	YTOWN, MD	TANTZLEN	Q SONS				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onest and De 30mi MASSIVE DI MONARY EM DO / US Onest and De 30mi Onest and										
DICAL	PART II. Other algnificant condition	na contributing to dat	ath but not resulting in	n tha undarlying cause given in	Part I. 24s. WAS AN AI PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:		28, PLACE OF DEATH (Che							
À	1 Ves 2 No 1 Inpertent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined determined to building, etc. (Specify) 28a. DATE OF INJURY 26b. TIME OF INJURY AT WORK? 1 Yes 2 NO Pr. 28d. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28b. TIME OF INJURY AT WORK? 1 Yes 2 NO Pr. 28d. DESCRIBE HOW INJURY OCCURED INJURY At home, ferm, street, factory, office and Number or Rural Investigation City or Town, State)										
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the beat of my	nom sknowledge, death occurred	I at the time, data and place, and due		ridge	areen Valley				
	MEDICAL EXAMINI	R: On the basis of example ROBER		in mappinion death of the	ing tate of play and	Proto	and Marked as stated.				
TO BE	201. SIGNATURE AND STLE OF CERTIFIE	Ma	ndia	M.D. 29c. LICENSE NUM D41	1421 °	29d. DATE SIGNED	(Month, Day, Year) 28 - 93				
		india	15 W.	7th St. Fr	edenick.	mD,	21701				
	JUN 1 '93	32. REGISTRAR'S	SIGNATURE	,	7						



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JIRECTOR: After this certificate has been signed by the attending physician and completely filled in	eath	is marked, or item 23 shows any injury, or other traumatic event, the me-
2	20	.00
ğ	afte	28
E E	OUR	E

	1 - STATE REGISTRAR	STATE OF MARY	C	ERTIFI	CATE	OF F	DEAT	AND MI		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY LOUISE BUDI)							MONTH MAY	DEATH DAY 28	YEAR 1993	3. TIME OF DEATH 10:30	
	4. SOCIAL SECURITY NUMBER 217-28-3823	5. SEX 6. AG	E (In yrs. lat	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. 7	Month, D	BIRTH 97, Your) 15,1934	a. BIR Cou MA	THPLACE (State or Foreign ntry) RYLAND	
TO.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 3602 WARWICK ROAD EAST NEW MARKET										96. COUNTY OF DEATH DORCHESTER		
DIRECTOR	MARYLAND DORG	CHESTER	1	EAS'			ION ARKET					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 3602 WARWICK ROAD 100. ZIP CODE 100. ZIP CODE USA USA												
À	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	RMED NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, 1 YES 2 (NO. Specify:						CE — American Indian, lick, White, etc.				
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	(G	live kind of w Do NOT use	ork done (retired.)	DOKOHEDIEK COO						TY BOARD	
111 m	17. FATHER'S NAME (First, Middle, Lest) 10. MOVEY 11. MOVEY 12. MOVEY										-		
10	19a. INFORMANT'S NAME (Type/Print) W. CHARLES BUDD									City or Town, Star MD 2166			
must be	20a_METHOD OF DISPOSITION 1										ON — City or	Town, Stata	
medical examiner must	22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME, P. O. BOX 207 106 MAIN STREET, EAST NEW MARKET,											207	
書	22 PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											Approximata interval Betwee Onset and De	
ry, or other traumatic event,													
or other	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
hows any inju	PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying couse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									Ib. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetlent 3		OTHER	ir.		EATH (Check		pec//v)			
marked, o	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	DOLDATE OF MARKET							BE HOW INJUR	Y OCCURED		
m 28 is ETED	3 Suicide e Could not be 4 Homicide determined	28s. PLACE OF INJUI building, etc. (Sc	RY — At ho	me, farm, st	reet, facto	ory, office	-	20	Of, LOCATION OF R	ON (Street and Nu own, State)	umber or Rura	Route Number,	
COMPLE		CIAN: To the best of my kno										(a) and manner sa stated.	
MPORTANT	29b. SIGNATURE AND TITLE OF CERTIFIE	mo					29c, LICE	NSE NUMBE		29d.	DATE SIGNE	193	

32 REGISTRAR'S SIGNATURE
GILLIA Davidson-Randale

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JUN 03 93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

- (SIVASSO

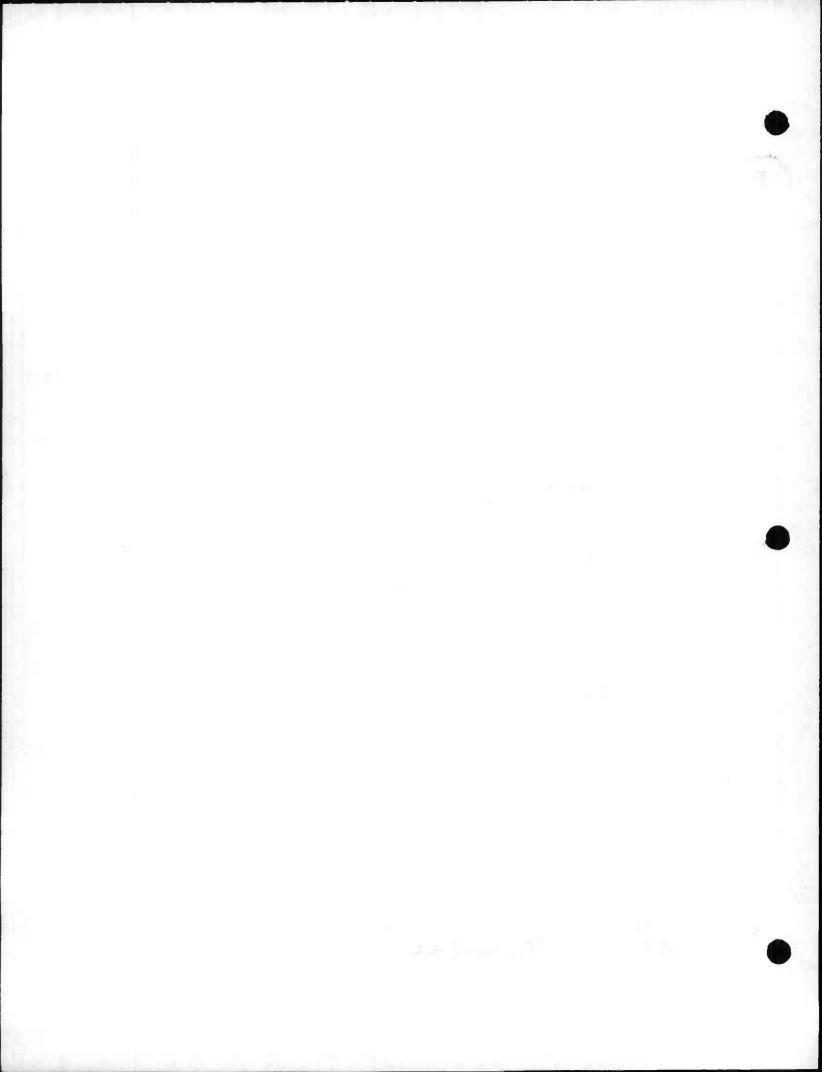
Material State of the State of

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first page 5 should be detached by the first pa	De mon main, 12 nous are ocen win in state cept. Or regult and well at hybere profit of builds, or letter 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32. REGISTMAN'S SIGNATURE who Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND (/ DEPAF	RTMEN	IT OF I	HEALTH A	ND M	IENTAL HYGI		3	17350	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATI	1	VEAR	3. TIME OF DEATH	
	GLORIA		BAYNA						монти May 2	9 ^M 199	3 YEAR	6:00 pm w	
	4. SOCIAL SECURITY NUMBER 218-48-5827	5. SEX 1 ☐ M 2 🔀 F	6. AGE (In yrs. le	vrs.	IF UNDI	DAYS	HOURS &	HRS. AIN.	7. DATE OF BIRTH	1946	6. BIRTHP	LACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give 2608 Lance			%. CITY, TOWN OR LOCATION OF D Cambridge							hester		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MD. DOI	chester		10c. CITY, TOWN OR LOCATION Cambridge				e				10d. INSIDE CITY LIMITS? DCXYES 2 \(\) NO	
FUNERAL	10s. STREET AND NUMBER 2608 La	nce Dri	ve			10	216	13		10g. CI1		HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married XX Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		13	If yes, ap	CENDENT OF H	IISPANIC	C ORIGIN? (Specify Puerto Rican, etc.	Yea or No-	14. RACE Black,	- American Indian, White, atc. : White	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL	OCCUPATION	ON		16b. KIND OF	BUSINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +		SSem			ne		ele	ctron	ics	mfg.	
BE CO	17. FATHER'S NAME (First, Middle, Last) Wilson I	ee Hurl	ey						e (First, Middle, Mei				
TO B	19a. INFORMANT'S NAME (Type/Print) Allan S. Bayn	ard	19	2608	La	ss (Street a	Drive	Rural Ro	Cambri	Town, State, Zi	code)	1613	
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE cornetery, cre MO	ANDDATE	OF DISPO	SITION (Na	ame of	6/2	OATE 20c.	LOCATION —	City or Tow	n, State	
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE			22	. NAME AI	NO ADDRESS (OF FACI	Thoma	as Fu	nera	1 Home	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition.												
NOIT	reculting in death) a.											syc.	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	e contributing to	deeth but not r	resulting i	n the u	nderiying	g cauee give	n In Pa	PER	AN AUTOPSY ORMED?	a d	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ 00A	OTHE	R:	ACE OF DEATH		conly one)				
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, Da	NJURY	28b. TIMI	E OF	28c. INJ WO		2	ted. OESCRIBE HO	W INJURY OC	CURED		
- 10	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At ho	me, farm, s	treet, fac			_	City or Town, Ste	et and Number ete)	or Rural Rou	ite Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of s	my knowledge, de	ath occurre	d at the	time, date	and place, and	due to	the couse(a) and r	nanner ea atal	led.	. westernoss	
- 13	296. SIGNATURE AND TITLE OF CERTIFIER					.,							
TO BE	Cenigle al	deces					D35	760	22	29d. DAT	SIGNED (A	fonth, Day, Year)	



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

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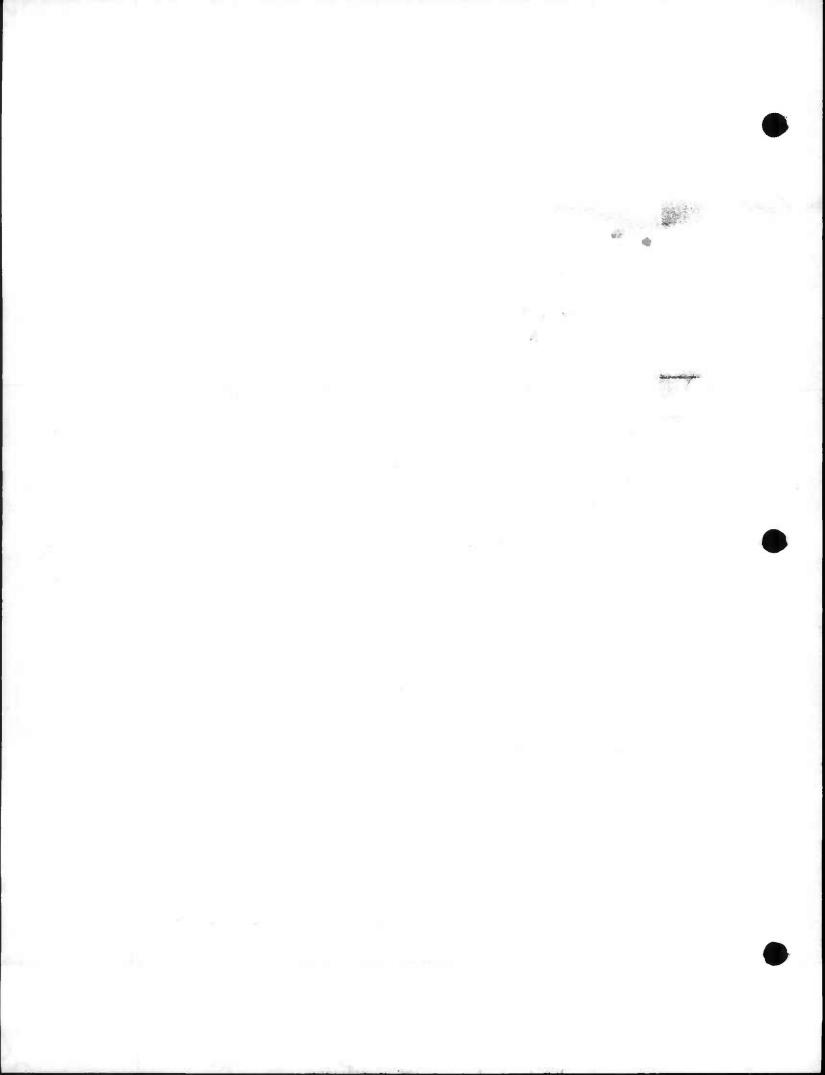
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HOSPITAL O FUNERAL D J within 72 h

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 25 DAY 1993 Edward J. Barry Мау 26 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 578-54-5302 90 DAYS 1902 Massachusetts 1 🛛 M 2 🗌 F 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Olney Montgomery General Hospital Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Silver Spring 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15101 Glade Dr. #2-B 20906 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 X NO BY Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Navy Department Ordance Design & Drafting 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Annie Ahearn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ethel B. Barry 15101 Glade Dr. #2-B, Silver Spring, MD 20906 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State OATE 1 Buriel 2 Cremation 3 Removal from State 4 Donation | Other (Specify) Geo Wash Univ Med School Washington, D.C. 22. NAME AND ADDRESS OF FACILITY 225 Missouri Ave., N.W., Wash.D.C. Vai 23. PART L Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, Approximats shock, or heart feilure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** disesse or condition Acute myocard cut nimutes resulting in death) 425 CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE Carolos 1 | YES 2 10 110 OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: atlant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion red at the time, date and place, end due to the ceuse(e) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE D 28791 Ku V- Con 93 25 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1040, Old Georgtown Rd Roger Leonard, M.D. 31. DATE FILEO (Month, Day, West 1993 32. ANGISTRARY SIGNATURE HONDARD

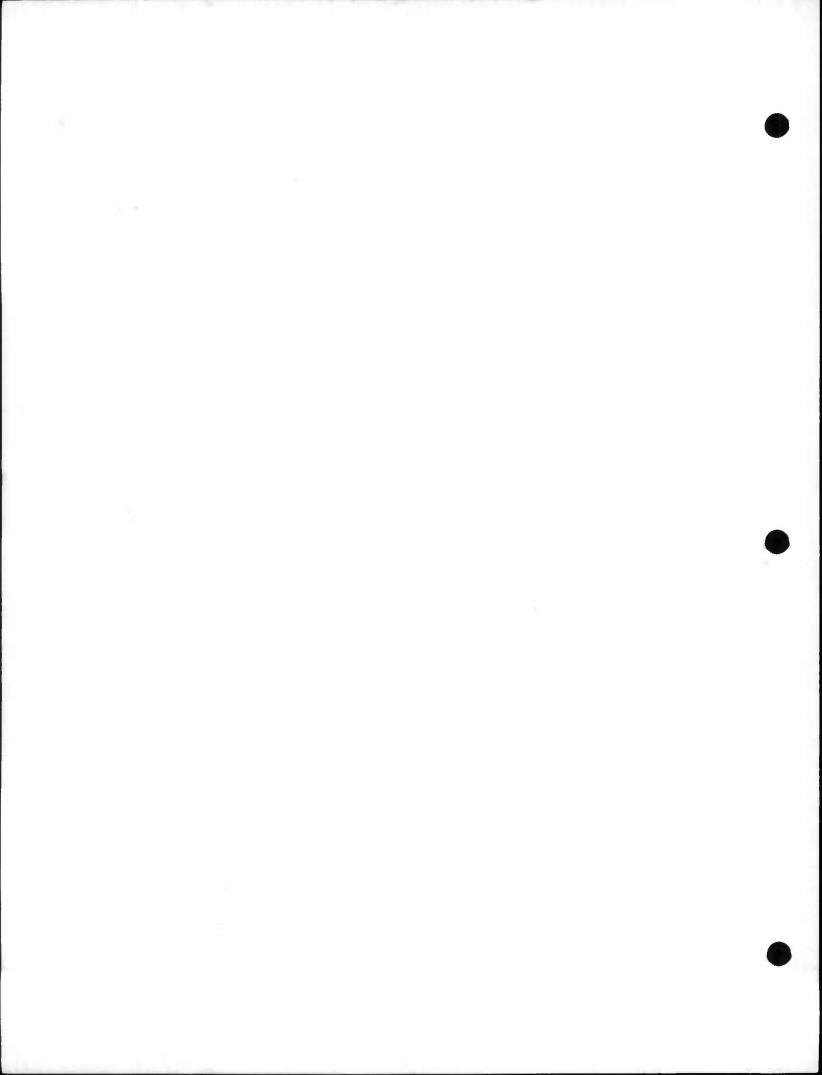


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

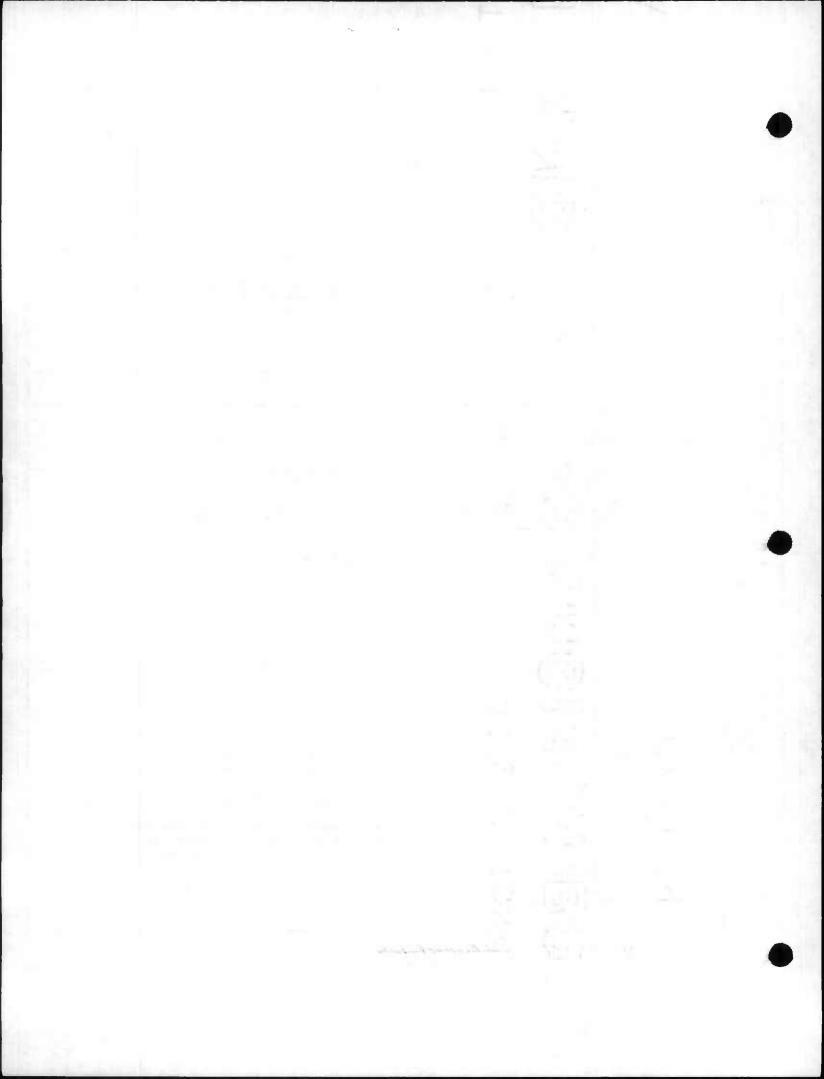
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OLIMINI	CATE OF	DEALD	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		7 10	ACE (State or Foreign
	514-16-2824	1 1 2 x 2 □ F 6	6 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 04/24/19	27	Country)	
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			TY OF DEA	isas
DIRECTOR	NORTH ARUNDEL HO	SPITAL ASSO	CIATION		BURNIE		134.5537		COUNTY
IREC	10e. STATE 10b. COUNTY			, TOWN OR LOCA	TION			10	Dd. INSIDE CITY LIMITS?
	Maryland Quee	en Anne's	Cn	ester				_	YES 2 NO
FUNERAL	2609 Ellicot	t Drive		10	21619)	1	S.A.	AT COUNTRY?
٦	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	DATES	1 TYES	S 2 NO Specify	n, Puerto Ricen, atc.)			White, atc. White
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	USUAL OCCUPATI	ON	16b, KIND OF BU	SINESS/INO	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of wo	ork done during mo e retired.)	ost of working				
립	10	consign (1-4 of 5 4)	Carpen	ter		Local	#13	12	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		T Garbon	-	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumamal		
BE C	Elza E. Cullis	on				ria Olive		r	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street :		Route Number, City or Tow			
2	Bertie Elizabe	th Cullis	on 2609	Ellic	cott Dr.	, Chest			21619
	20a. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Remo	oval from State	0b. PLACE AND DATE OF emetery, cremetory or oth	F DISPOSITION (N	eme of	OATE 20c. LO	CATION —	City or Town	, Stata
	4 th Donation 5 Dother (Specify)		Stevensy	zille (Cemeters	16/2/100	st	ever	nsville,Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/						
	Moman K. S	Heldenky	122 -	Ton	n Helfer	nbein Fur ck Road,	neral	L Hon	nes, P.A.
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Ē	that initiated events resulting in death) LAST	0 000 10 941 27	1.0,00	Ē.					
H		, Kenal &	accord						
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EDICAL	Sessis, Reit	alstricte	. //	mis a	//	PERFOR	MED?	AM CC DF	MILABLE PRIOR TO EMPLETION OF CAUSE
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EDICAL	Sepsis, Roth Le Deficle Gol 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ilis, pr	ul, Si uemoni	28. PI	Arest LACE OF DEATH (Che	PERFOR 1 VES 2	MED?	AM CC DF	AILABLE PRIOR TO OMPLETION OF CAUSE FOEATH?
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i	birthday) IF UNI	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	Day, Year)		BIRTHPL Country)	E (State or Foreign
578-22-8065	1 M 2 F	73	YRS.	DATS	noons win.		16/19			ington
Se. FACILITY NAME (If not institution, give			9b, C	TY, TOWN C	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
at home 209	Broadwa	V		Cent	reville	e		Quee	en Ar	ne's
10a. STATE 10b. COUI		T	10c. CITY, TOW	N OR LOCAT	TION				10d	INSIDE CITY
Maryland Ou	een Anne	ts	Cent	revi	116				1 🖫	LIMITS?
10e. STREET AND NUMBER					1. ZIP COOE			10g. CITIZEN	N OF WHAT	COUNTRY?
09 Broadway					21617				S.A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARM	ED 1	3. WAS DEC	CENDENT OF HISPA	NIC ORIGIN	(Specify Yea o	r No 14.	. RACE — A Black, Wh	Amarican Indian, ilta, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES A			XXX Spec				Specify:	White
15. DECEDENT'S E		16a, DEC	EDENT'S USUAL	OCCUPATION	ON	16b.	KIND OF BUSI	NESS/INOUS	TRY	White
(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5 +	(Give	e kind of work do Do NOT use retire	ne during mo						
4.0			omemak	or						
17. FATHER'S NAME (First, Middle, Last)			ALL MICE		16. MOTHER'S N	AME (First, M	liddle, Maiden S	urname)		
George Thomas	Howard				Marga	aret	Virai	nia	Wall	cer
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDR	ESS (Street a	and Number or Rural					
Mrc. Mary H	Paul		RD #2	Box	276 I	Milto	n. De	lawa	re	19968
M: 20a. METHOD OF DISPOSITION 1 □ Burist 2 □ Cremation 3 □ Re	moval from State		ND DATE OF O		(Name	OATE	20c. LOC	ATION — City	y or Town,	Stata
1 Buriet 2 Cremetton 3 Rd 4 Donation 5 Dother (Specify)					ND ADORESS OF F	12610	ובם בו	timo	v.co	ма
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	, /	,							
1 Kink It	Well.	lei		Tom	Helfenl	bein				P.A.
23. PART I. Enter the diseases, cahook, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	My OC	rdial		7		ac or reaping	Chest atory arread	er,	Approximate interval Betw
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF ICATE OF	HEALTH AND	MENTAL HYGIEN REG. NO.		17354
	Î	1. DECEDENT'S NAME (First, Middle, Last)	MARTIE MAE	CHURCH	81-	rey	2. DATE OF DEATH MONTH DA		
		4. SOCIAL SECURITY NUMBER 215-14-3878	5. SEX 1 M 2 X _F 81	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		8. Bi	IRTHPLACE (State or Foreign outly) ALISBURY, MD.
	OR	90. FACILITY NAME (If not institution, give PENINSULA REGION		ENTER	96. CITY, TOWN SALISE	OR LOCATION OF		9c. COUNTY O	
7	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
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be notified	5	190. INFORMANT'S NAME (Type/Print) GRAYSON	KENNY				ELMAR, MD.) 21875
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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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CERTIFICATION

MEDICAL

PHYSICIAN:

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29b. SIGNATURE AND TITLE OF CERTIFIER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 OF TRAR'S SIGNATURE

30. NAME AND ADDRESS

31. DATE FILED, (Month) 0

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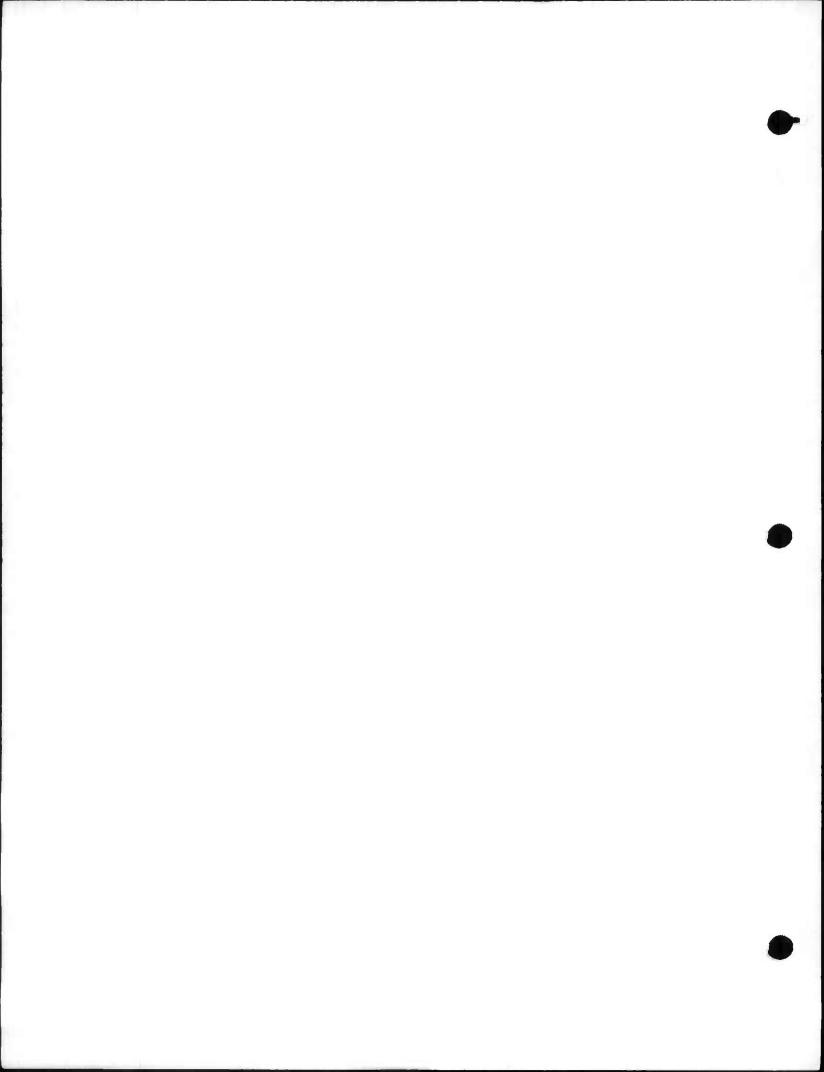
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93 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 05^{pay} монтн 06 1993 BABY BOY **CHAMBERS** 4:24 P M A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 06 MARYLAND HOURS 1 XM 2 - F 05 93 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 1523 EAST CHASE STREET 21213 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. Specify: BLACK 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puarto Ri 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First Middle Maidan Surname) UNKNOWN LISA CHAMBERS 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LISA CHAMBERS 1523 EAST CHASE STREET 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION -- City or Town, State 20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 XOther (Specify) DISPUSAL JOHNS"HOPKINS HOSPITAL BALTIMORE CITY 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. **Approximata** Interval Between Onset and Death IMMEDIATE CAUSE (Final previability at 20 u disease or condition _____ Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 PNO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 I DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEŞCRIBE NOW INJURY OCCURED 1 Matural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month) Day, Year)



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4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (I	in yrs. last bi		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. [Month,	BIRTH Day, Year)		8. BIRT	HPLACE (State o	r Foreign
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

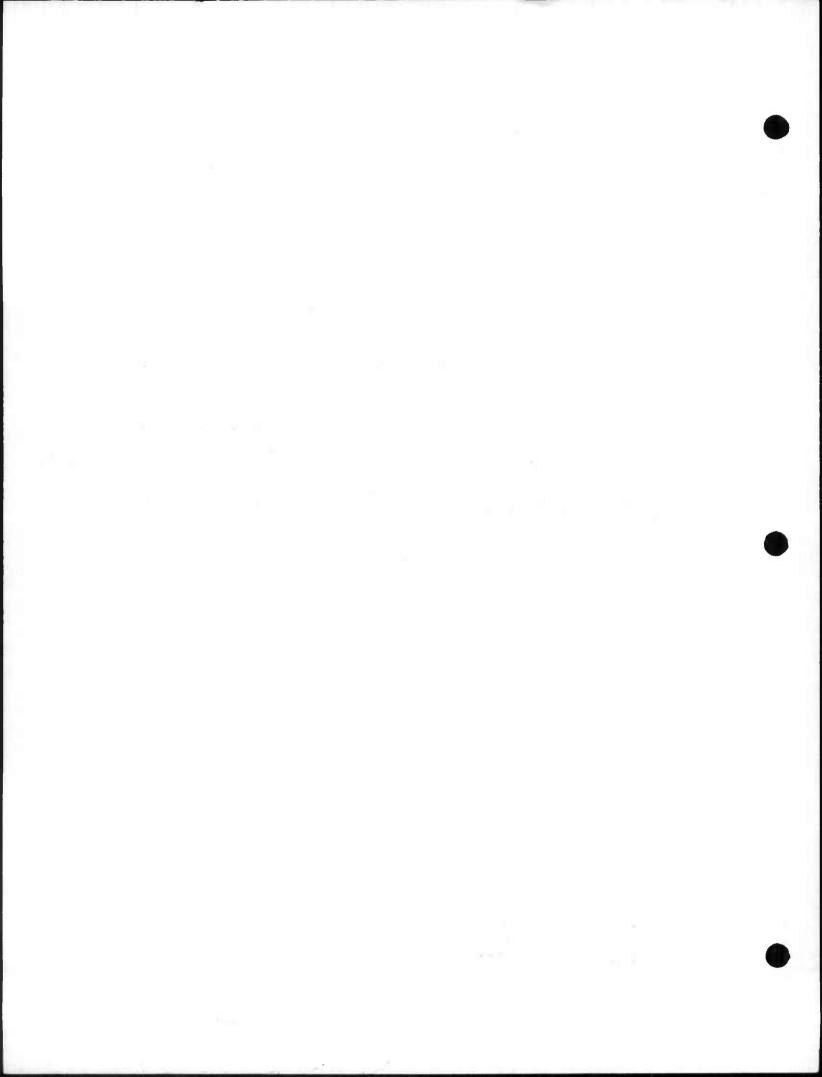
31. DATE FILED (Month, Day, Year)

IIIN 02 1993

32. AGUISTRAR'S SIGNATURE
Julia Davidson-Randall

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



5

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO			
	1. SECEPENT'S NAME (First, Middle, Last)	DANA	CAI	ef	EN	TER		DATE OF DEATH DON'TH D	3 /	993	3. TIME OF DEATH 5.30 Am
	4. SOCIAL SECURITY NUMBER 281-62-3829	1 💢 M 2 🗆 F	i. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YE		N.	DATE OF BIRTH (Morth, Day, Year) NOV 21,	1962	Counti	HPLACE (State or Foreign ry)
TOR	9a. FACILITY NAME (If not institution, give s HOLY CROSS HOS RESIDENCE OF DECEDENT				9b. CITY, TOV	OR LOCATION OF				MONTO	FOMERY
DIRECTOR	10a. STATE 10b. COUNT	ONE		10c. CIT	r, town or Lo	CATION INGTON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 215 12th ST	. S.E.				101. ZIP CODE 2000	13		10g. CIT		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1X IF YES, GIVE WAF 1981-	YES 2 N	MED O	If yes		SPANIC C	ORIGIN? (Specify Yee uerto Rican, etc.)	or No-	14. RACE	E — American Indien, k, White, atc.
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION	16a. DE0 (Gh	CEDENT'S ve kind of v Do NOT us	USUAL OCCUP rork done during e retired.)	ATION most of working	-	16b. KIND OF BUS	SINESS/IN	DUSTRY	WHITE
COMPLET		3	PR	OPER	TY MAN	AGER		BI	RIM	CO.	
	17. FATHER'S NAME (First, Middle, Lest) CECIL RODN	TEV CA	e i pirki Maurika					First, Middle, Meiden			
BE	19a. INFORMANT'S NAME (Type/Print)	EI CA	RPENTER		ADDRESS (Str		BET!	Number, City or Yow	BATE		
٩	BETTY ANN CAF	PENTER		585				D., DRESI			43821
	20s. METHOD OF DISPOSITION 1	oval from State	206. PLACE A cemetery, crer CHAM	ND DATE OF	FDISPOSITION her place! CREMA	(Name of	6/4/	DATE 20c. LO	CATION —	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LI	ember 14	aD M	0009		CHAMBE		TY			20910 SPRING, MD.
	23. PART I. Enter the diseasea, Dr shock, Dr heart failure.	complications that o	aused the dea	th. Do n	ot enter the	mode of dying,	such as	cardiac Dr _a reapi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO	MA /	حل	My	Ann	1	July	W	_	Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	a April 10 (0	R AS A CONSEC	UENCE OF	my		1	V ,	^		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	0,000	M AS A CONSE	UENCE OF	MA	YM	M	A AM	I	100	
- 10	PART II. Other significant condition	· Clerk	NU	WN	INVI	~ wy	W	Ima	M	V1	
MEDICAL	A TOUR	MM		PU	10	ing cause diper	in Part	II. MASAN PERFOR 1 □ YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: A	25. WAS CASE REFERRED TO MEDICAL	- Sy	M	N		PLACE OF DEATH	(Check o	inte oral			1 TES 2 NO
Sic	1 YES 2 NO	HOSS TAL:	R/Outpatient 3	□ DOA	OTHER:	iome 5 🗆 Resider					
BY PH	27. MANNED OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF 8s. (Month, Day)		28b. TIME INJU	JRY	INJURY AT WORK? YES 2 NO		d. DESCRIBE HOW I	NJURY OC	CURED	
	3 Suicide # Could not be 4 Homicide determined	28s. PLACE OF II building, sto	NJURY — At hon L (Specify)	ne, ferm, e	treet, factory, o	ffice	281	LOCATION (Street a City or Town, Stete)	ind Number	r or Rural R	Poute Number,
COMPLETE	29% CENTRIEN 1 DESTRIPTING PHYSICING 2 MEDICAL EXAMINE	CIAN: To the best of my						he cause(e) end man			and manner on stated
BE CC	200 SIGNATURE AND TITLE OF CENTIFIE	MM		1	M	29c. LICENSE					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)	11.00	7,			40	743
	DR. DENNIS L	EWIS M.D.		I	HOLY C	ROSS HOS	PITA	L. SILV	ER S	PRIN	G. MD.
	31. DATE FILED (Morth, Day, Year) 111N 0 4 1993	32. EEGISTRAR'S	SIGNATURE MOSON-RO								
	JUN 9 = 1993	1	- 1-0001 1	- 1							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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BALTIMORE, MARYLAND 21215-0020

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	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, I
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

					ICALE				REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Last)		2. D				2. DAT	E OF DEATH			3. TIME OF DEATH	
~	Milton	Samue 1	D	DeWITT					June 2, 1		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		# UNDER 1	VEAD	IF UNDER 24 HRS.		E OF BIRTH	1993		10:37 a M
	216-07-7110	1 😡 M 2 🗆 F		YRS.			OURS MIN.	(Mon	nth, Day, Year)		BIRTH Countr	IPLACE (State or Foreign y)
		42	83	THO.				Jun	e 23,	1909	Ma	ryland
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
DIRECTOR	Garrett County Memorial Hospital			0akland					Garrett			
5	RESIDENCE OF DECEDENT						o dic Edire				Gal	tett
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	R LOCATIO	N					10d. INSIDE CITY
<u>=</u>	Maryland Garrett			0 -1-1 - 1					LIMIT\$?			LIMITS?
	10e, STREET AND NUMBER			Oakland				CORP			1 TES 2 T	
FUNERAL	7 5 7 000	10f. ZIP CODE					16g. CITIZEN OF WHAT COUNTRY?					
岁	Rt. 5 Box 206				21550					USA		
5		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DECENDENT OF HISPANIC ORIGIN				IN? (Specify Ya	a or No-	— American Indian, t, Whita, etc.	
ВУ	1 ☐ Never Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	1 ☐ Never Merried 2 ☐ Married FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, Puarto Rid 1 YES 2 NO Specify:				Rican, etc.)	cen, etc.) Black, White, etc. Specify:		
	3 🔯 Widowed 4 🗌 Divorced					The specific				White		
	15. DECEOENT'S EDUC	ATION	16a. OE	CEDENT'S	USUAL OCC	CUPATION		16	b. KIND OF BU	SINESS/INDI		HICC
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	(Gi	(Give kind of work done during most of working life. Do NOT use retired.) Truck Driver								
ᆲ	6th	College (1-4 of 5 +										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		111						y Roa	ds [Dept.	
8						1	s. MOTHER'S NA	AME (First,	Middle, Maiden	Sumeme)		
BE	Stephen Wil	liam	DeWit	t			Cla	riss	a J	ane	Roc	leheaver
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS ((Street and	Number or Rural					- Circuit CI
2	Milton W. DeWitt											
	20a. METHOD OF DISPOSITION		Law auton						Maryland 2155			
	1 2 Buriel 2 Cremetion 3 Remo	ival from State	20b. PLACE A cemetery, cre-	matory or of	of DISPOSITI	NON /Name	of	OAT		20c. LOCATION — Cify or Town, Stata		
	4 Donation 5 Other (Specify)		Oak G	rove	Cemet	tery	ry 6/4 McHenry Maryla					laryland
ŀ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ADDRESS OF FA					
	FINANDO: II	1-					t Fune					
-	municum (N.	(11ster			_ 32	2 Sou	ith Sec	ond	Street	0ak	1and	MD 21550
	23. PART i. Enter the diseesea, or c shock, or heart failura. I	omplications that	ceuaad tha de	ath. Do n	ot entar th	he mode	of dying, aud	h as cer	disc or rasp	iretory arre	at,	Approximata
- 1	IMMEDIATE CAUSE (Fine)	and dring dria dada	o on accir ima	•								Intarval Between Onset and Daath
- 1	disease or condition	Allegan and Alat										
Н	Bilateral pneumonia and respiratory failure DUE TO (OR AS A CONSEQUENCE OF):											
- 1	readiting in death)					id re	spirato	ory i	railur	2		
	readiting in death)					id re	spirato	ory i	railur	2		
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEC	DUENCE OF):	id re	spirato	ory i	railur	2		
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DUENCE OF):	id re	spirato	ory i	tailur	2		
ICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEC	DUENCE OF):	id re	spirato	ory i	railur	2		
FIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):	id re	spirato	ory i	railur	2		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OR AS A CONSEC	DUENCE OF):	id re	spirato	ory i	railur	2		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				allur	2		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):				24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				24a. WAS AN PERFOF	AUTOPSY MED?	100	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				24a. WAS AN	AUTOPSY MED?		AVAILABLE PRIOR TO
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				24a. WAS AN PERFOF	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSEC	DUENCE OF):): n tha unde	erlying c	ause given in	Part i.	24a. WAS AN PERFOF 1 YES 2	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH											
- 1	Elting Stewa	er	r			3-1993	7:35 P⋅					
				IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		T				
	The Control of the Co	M 2 D F		ONTHE DAYS	HOURS MIN.	(Month, Day,	Year)	Count				
	9e. FACILITY NAME (If not institution, give stree			L OFFI TOUR)5-18		yland			
œ					OR LOCATION OF O			UNTY OF E				
DIRECTOR	RESIDENCE OF DECEDENT	Carroll County General Hospital Westminster Carroll										
E	10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCA	TION				10d, INSIDE CITY			
E	Maryland Car						LIMITS?					
-	10e. STREET AND NUMBER	Westminster 100, ZIP CODE			Table Citizen of			N∑ YES 2 □ NO				
RA	12 Kampan Arrania		1.0	711 - 77				WHAT COUNTRY?				
FUNERAL	12 Kemper Avenue	U.S. ARMED	21157					States				
	1 Never Married XIX Married	3 NO If yes, specity Cuban, Mexi			ANIC ORIGIN? (Specity Yea or No— 14. RAC can, Puerto Rican, etc.)			E — American Indian, k, Whita, etc.				
BY	3 Widowed 4 Divorced	TES 1 ☐ YES 2 NO Specifi										
0	15, DECEDENT'S EOUCAT	ION	16a. DECEOENT'S US	SUAL OCCUPATION	DN	16h KIND	OF BUSINESS/IN		hite			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)			166. KIND OF BUSINESS/INDUSTR						
립	6	Autor (1-4 of 5 +)	Carr	penter	Construction			n				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		041	3011001	18. MOTHER'S NA				11			
	Maurice A.J. Dut	terer				A. Le	,					
BE	19a. INFORMANT'S NAME (Type/Print)	OCICI	19b. MAILING A	DORESS (Street)	Route Number, City		(in Carda)					
유	Margaret L. Dutt	oror							21157			
	20a. METHOO OF DISPOSITION	206	PLACE AND DATE OF									
	1 🔀 Burlei 2 🗆 Cremation 3 🗀 Removal 4 🗆 Donation 5 🗆 Other (Specify)	I from State come	riders (r plece)	Comoto	□6/1 I	6/1 1					
	21. SIGNATURE OF FUNERAL SERVICE LICENS		riders (NO ADDRESS OF FA		Westm	inst	er. MD			
	16	11100	-				10					
	Milant	: Ville	40)	91 W	illis S	treet,	West	mins	ter, MD			
	23. PART I. Entar the diseases, or com shock, or heart failura. Lial	plications that daused	tha daath. Do not	antar the mo	da of dying, suc	h aa cardiac o	raapiratory a	rrest,	Approximate			
	IMMEDIATE CAUSE (Finsi	i diny dia cause di ea	wyer	1					Interval Between Onset and Desth			
	disesse or condition resulting in death)	Henahic	hail	lue					13 Laur			
		DIE TO (OR AS A	CONSEQUENCE OF):	0 00/								
Z	Sequentially list conditions, b.	Gastrou	testinal	15/4	eching				4 days			
CERTIFICATION	If any, leading to immadiata	DUE TO (OR AS A	CONSEQUENCE OF):		J				-0			
2	CAUSE (Disease or Injury	Liver	Circh	USI)					5 yrs			
Ë	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):									
E	d											
- 11	PART II. Other significant conditions c	ontributing to death bu	it not reaulting in	tha undariyin	g cause given in	Part I. 24s. V	WAS AN AUTOPSY	24h	. WERE AUTOPSY FINDINGS			
DICAL						Р	ERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
						— ¹□'	YES 2 NO		OF DEATH?			
Σ	1 TES 2 NO											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Charles)											
ō	EXAMINER?	Q9PITAL:	C	26. PI	ACE OF DEATH (Ch	eck only one)						
≥	1 YES 2 NO 1		itlent 3 DOA 4	☐ Nursing Horr	e 5 🗆 Residence	8 Other (Speci	Hy)					
퓝	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (28d. DESCRIBE HOW INJURY OCCURED						
BY	2 Accident Investigation				M 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Speci	JURY — At home, farm, street, factory, office (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
<u>-</u>		4 Househop destituted										
릴		N: To the best of my knowle										
COMPLETED	2 MEOICAL EXAMINER: 0	one) 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee stated.										
w I	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUN	E NUMBER 29d. DATE SI			(Month, Day, Year)						
0	Church.	nto	mi	0	D402	235	▶ .1	1/2	1/92			
2	30. NAME AND AODRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)				1,1	/ (3)			
	Choon K. Kim	218/	la Shinati	on Ho	ight Me	edical	Center	host	mincher Mix			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE) / / / /		currer.	0001	7/1/2			
	www.1 '93 4	the buildon-1	ndall						213/			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

nn 1

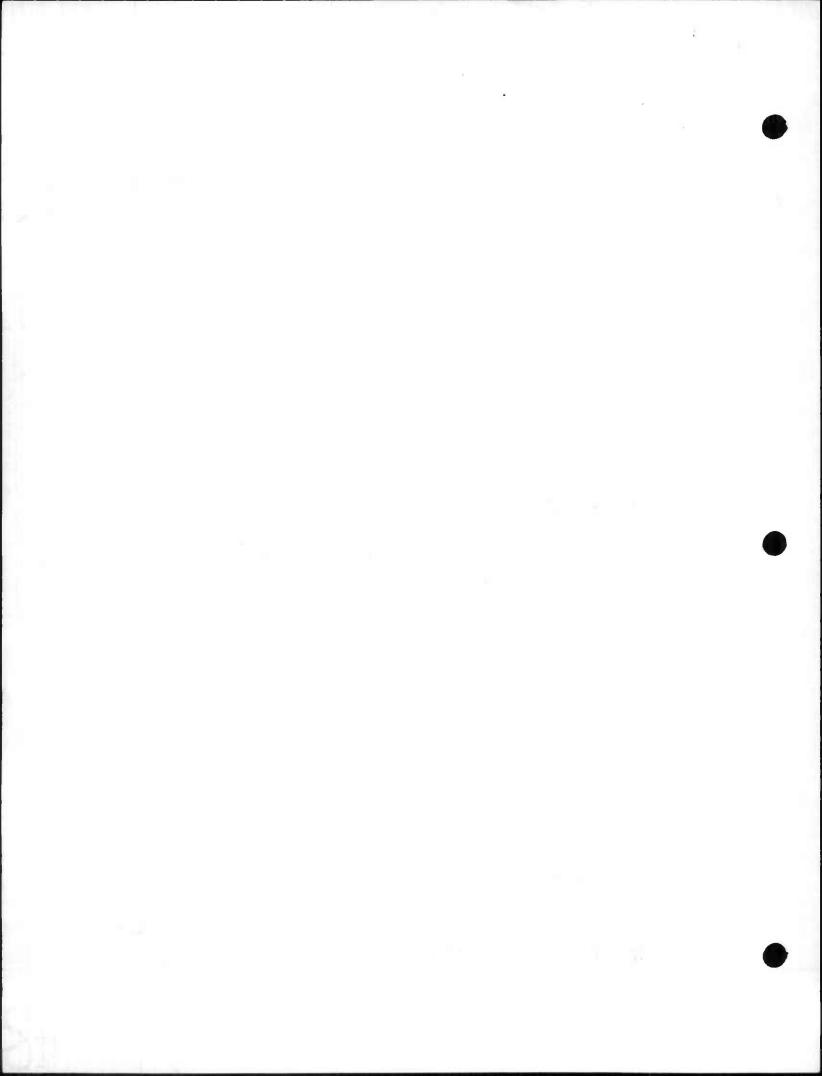
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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- 6	_	REGISTRAN				ENIIF	ICAI	E UF	DEA	П	P	REG. NO.			
ŀ	Į.	1. DECEDENT'S NAME (First,		e Donova	an						2. DATE OF MONTH	-	993	YEAR	3. TIME OF DEATH 2:45 p M
	- 1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last hirthrian)	IC IMPE	ER 1 YEAR	T IE IMPE	71 24 HRS.	7. DATE OF I	_	773		
		577-42-212	9	1 🗆 M 2 🔀 F	62	YRS.	MONTHS		HOURS	MIN,	Jan.	nr. Year)	1931	Country	PLACE (State or Foreign
0	_	9a. FACILITY NAME (If not ins	stitution, give st	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DE	EATH			NTY OF DE	
	DIRECTOR	11708 Gum		Road			Be	rlin					Wor	cest	er
	<u> </u>	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
		Md	Worce	ester			Ber	·lin							LMITS? 1 YES 2 NO
-1	₹	10e. STREET AND NUMBER						1100	f. ZIP COD	Œ					HAT COUNTRY?
	FUNERAL	11708 Gum	Point						1811				US		
	5	1 Never Married 2	Married		YES 2		13.				NC ORIGIN? (S In, Puerto Rica		or No—		- American Indian, White, etc.
	BY	3 Widowed 4 XDivor		IF YES, GIVE V	MAR OR DATES			1 TYES	2 💢 NO	Specify	y:			Specif	^{y:} White
- 1	Ξ.		EOENT'S EDUC			DECEOENT'S (Give kind of				ina	16b. K/h	ID OF BUS	INESS/INC	DUSTRY	
	91	Elementary/Secondary (0-		College (1-4 or 5	+)	We. Do NOT u	se retired.))		-		ntra	ct		
4	E I	11			C	ommui	nicat	tions	Coc	ordir	nator	set	tleme	nt	
OUC	COMPLETED	17. FATHER'S NAME (First, Mis							18. MOT	THER'S NA	ME (First, Midd	le, Maiden	Sumame)		
# P	B	Thomas Za		Webster						ny J					
examiner must be notified at once.	2	Pamela Doi	P. S. S. S. S. S. S. S. S. S. S. S. S. S.	Stansell							, Berl			218	11
must b		20a. METHOD OF DISPOSITION 1	n 3 🗆 Remo	oval from State		EANDDATE Cremetory or o			ame of		DATE			ord,	
100		21. SIGHATUBE OF BUNERAL	SERVICE LIC	ENSEE					ND ADDRE	ESS OF FA	CILITY				
		Burbage Funeral Home, 108 Williams St. Berlin, Md. 21811								iams St.					
the medical		23. PART I. Enter the sh	seases, or o	complication the	t caused the	death. Do	not ente	r the mo	de of dy	ing, suci	h aa cardiac	or reapi	ratory an	rest.	Approximate
Ë		shock, or he	ert tallure. I	List only one cau	ise on each il	ne.				2117, 1002			•	2550	Interval Between Onset and Death
å		disease or condition		MITE	MARK	DITIC	· 12	200	ICH	W.s	NIC		100	. h .	011000 2110
ent,		resulting in death)		DUE TO	(OR AS A CONS	SEQUENCE O			001	-06	2, 4 (-	- 0	420	NUM	179040
5	z			EMI	PHVSE	And									Vener
ELS		Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CONS	EQUENCE O	./							-	1017
g	5	cause. Enter UNDERLYII CAUSE (Disease or Injur		PER	1400	th 1	MS	CUE	ERC	- 0	SEA	82			Vege)
	E II	that initiated events		DUE TO	(OR AS A CONS	EOUENCE O									
6	CERTIFICATION	resulting in death) LAST		ı											
any injury, or other traumatic event,	- 11	PART II. Other algnificar	nt condition	a contributing to	death but no	t resulting	In the u	ınderiyin	g cause	given in	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
au	EDICAL										1,1	PERFOR	Λ .	-	MAILABLE PRIOR TO COMPLETION OF CAUSE
발												1123 2	5		OF DEATH?
Item 23 sho	Σ														1 TES 2 THO
n 23	₹	25. WAS CASE REFERRED TO	MEDICAL					26. PI	LACE OF I	DEATH (Ch	eck-enly one)				
2	응	EXAMINER?		HOSPITAL:	FR/Outpetlant	3 [DOA	OTHE	R:	1						
-	PHYSICIAN:	27. MANNER OF CEATH	- 70	28a. DATE OF		28b. TIN		28c. INJ		esidence	6 Other (Sp 28d, OESCRI		FILIBA OC	CUBED	
X			Pending	(Month, D	lay, Year)		JURY M	1 🔲	PRK?	NO	Loui GEGOTA	DE 11011 11		CONED	
E	B	2 Calatta	nvestigation	26e, PLACE O	F INJURY — At	home, farm.	street, fac				281. LOCATIO	M /Street a	nd Number	or Dumi D	nudo Mumbas
MPORTANT: It Item 28 is marked, or			Could not be letermined	building,	etc. (Specify)			otory, offic	•		City or To	wn, State)	na reamoer	or nurer n	oute Number,
E	9 h	29a. CERTIFIER						- 100		pr 1.00	V = 2 - 1 1 - 2				
	COMPLET	(Check only		CIAN: To the best of											a construction of
N N	8		-	VII the peak of a	Authorition and/o	r irrvestigatio	an, in my	opinion, d	wath occu	ired at the	time, data and	place, an	due to th	re ceuse(a)	and manner as stated.
E	BE	200. SIGNATURE AND TITLE	OF GENTIFIE	7/			1	1/	296-110	ENSE NUN	(BER) 7	7	29d. DAT	E SIGNED	(Month! Day, Year)
Ē	ဥ	1/4ex	ZI	YUN	111	M	UV	V/	\square	>	$\langle Q \rangle$		6	13	172
		NO HAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)	1,	11 2	200		0 -		6	
		31. DATE FILED (Month, Day,)	fear)	11/1	100		8V	70	HI	76	N) 4	(0)	8/8	> `
		JUN 1 A 10	0 03	Line Den	R'S SIGNATURE	all-	L	l							
L	الـــــا	901 14 h	222			· - Value								_	DHMH-16 Rev 1/89

. John.



	1 - STATE REGISTRAR	SIMIL OF	WAGILAN	CERTIF					WENTAL F	EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	. 1							2. DATE OF MONTH	_		Weste	3. TIME OF DEATH	_
	LUCIETTA		conil	505	05				S			YEAR 993	0432	М
	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, De	BIRTH ly, Year)		6. BIRTHI Country	PLACE (State or Foreign	
	577-26-0365	1 □ M 2 💢 F 92 Y					.010752		Oct 1	2, 19	901	Ita		
œ	9a. FACILITY NAME (If not institution, give s		121	r, TOWN OF			ATH		9c. COU	NTY OF DE	ATH			
DIRECTOR	Washington Adver	ntist Hos	spital		Ta	akoma	Pai	ck			Mor	ntgom	ery	
E	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	_				
5	MD Mont	tgomery		S:	ilve:	r Spr	ing						LIMITS?	
AL								ZEN OF W	HAT COUNTRY?	_				
FUNERAL	711 Downs Dr 20904 USA						SA							
2	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S	ARMED	13.	WAS DECE	NDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE	- American Indien, White, etc.	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced		MAR OR DATES			1 YES	2XXNO	Specify	i, Puerto Mice :	n, etc.)		Specif	an made of	
	15. DECEDENT'S EDU	CATION	16.0	. DECEDENT'S	LIGHAL O	CCURATIO	u		481 191		1			_
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of the Do NOT us	vork done	during most	of working	g	100. KH	ID OF BUS	INESS/INL	USTRY		
Ī	12	College (1-4 of 5	"	Homer	nakei	c			0	wn Ho	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	IER'S NAI	ME (First, Midd					
BE C	Matteo Giannini						Ma	ria	Rosar	ia Lo	iaco	no		
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street an	d Number	or Rural F	loute Number,	City or Town	, State, Zip	Code)		
F	Arnold DeLeonibu	1S		25 Qu	ince	Mill	Ct,	Gai	thers	burg	MD	2087	8	
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION //Name of DATE 20c. LOCATION — City of Town, State								rn, State						
4 □ Donation 5 □/Other (Specify) Ft. Lincoln Cemetery 06/03/93 Brentwood, MD								MD						
	21. SIGNATURE DEVIAMENTAL SERVICE LIC	11			22.	NAME AND	ADDRES	SS OF FAC	HE:	nes/F	Rinal	di E	uneral Ho	TD 6
	MULLO IX	Luguld			11	1800	New	Hamp					Spring, M	
	23. PART I. Enter the diseases, or on the shock for heart failure.	compilcations the	t caused tha	death. Do	ot antar	tha mod	a of dyl	ng, such	ss cardiac	or respir	atory an	rest,	Approximats	
	IMMEDIATE CALLES (Elect			,		_					intarval Batwe Onset and Da			
	disesse or condition resulting in dasth)	. ISU	Hemi	C 78	WE	RE	Y. TR	EW	MM					
		DUE TO	(OR AS A CON	SEQUENCE O	η: <i>(</i> //		. 1.	2	(4.0					
NO	disease or condition resulting in death) Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if sny, lasding to immediata cause. Enter UNDERLYING	DOE 10	(OH AS A COM	ASECUENCE OF	-):									
윤	CAUSE (Disesse or injury that initiated events	cDUE TO	(OR AS A CON	SEQUENCE O	Ð:									
E	resulting in death) LAST				,								İ	
		G											1	_
MEDICAL	PART II. Other significant condition		daath but n	ot rasulting	n tha ur	ndariying	causa g	lven in l	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO	GS
ă	myphrinsi	010 t	```						10	YES 2	Sho		COMPLETION OF CAUSE OF DEATH?	£
	Will tip	111111)	1						_				1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL													
S	EXAMINER?	HOSPITAL:			OTHE		CE OF D	EATH (Che	ck only one)					
¥	1 YES 2 NO	12 Inpetient 2		28b, TIM				sidence	8 Other (Sp					
	1 Natural 5 Pending	(Month, E			URY	28c. INJU WOR	K?	1 40	26d. DEŞCRI	BE HOW IN	JURY OC	CURED		
	2 Accident Investigation " 1 YES 2 NO							, NO	281 LOCATIO	N /Street o	ad Number	or Rumi Br	usto Missohar	
3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)									City or To	wn, Stete)	TO THORNOON	OF FIGHTING	one rearrices,	
W	o Could not be													
W	4 Homicide determined		mu knowledne	death assum	4 -4 -4 - 4	1								_
W	4 Homicide determined 29e. CERTIFIER (Check only	CIAN: To the best of											and manner or start of	
COMPLETE	4	CIAN: To the best of				pinion, de	ith occur	ed at the	time, date end		due to th	e cause(s)		
W	4 Homicide determined 29e. CERTIFIER (Check only	CIAN: To the best of				pinion, de	ith occur		time, date end		due to th	e cause(s)	and menner as stated	
COMPLETE	4	CIAN: To the best of R: On the basic of e	xamination end	l/or Investigation	n, in my c	pinion, de	ith occur	ed at the	time, date end		due to th	e cause(s)		

32. ABBISTRAR'S SIGNATURE
Julia Davidson-Randall



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

1993

BALTIMORE, MARYLAND 21215-0020



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8			sit permit. ** Sec. 2. 3 should		
	BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	entificate has been signed by the attending physician and completely filled In by the funeral director, page 5 should be detached for use as the burial-transit permits Citate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.	
d	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	iMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR 1 STATE	STATE OF I						MENTAL HYGIEN	E o	0 17000
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICATE (OF DEA	TH	REG. NO	. 9	3 1/363
1 3	EDWARD J. D	ANIFIS						2. DATE OF DEATH DO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	fast birthded	IF UNDER 1 YE		ER 24 HRS.	05 - 28	- 93	2:30PM M
	166-09-6003	1XXW 2 □ F				YS HOURS		(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give s	- 	83	3	9b CITY TO	WN OR LOCA	TIDM DE DE	11 -01-0		ennsylvania
E E			AL CENT	TED				AIR .		
5	PRINCE GEORGE		AL CEN	IEK		CHEVE	KLY		PR	INCE GEORGES
DIRECTOR	100. STATE Pennsylvania Maryland Prince	Philade.	Philadelphia George S Gree							10d. INSIDE CITY
	100. STREET AND NUMBER							YES & XNO		
RA	7C Crescent Road	2223 Brighton Street 20770: 19149 United Stat								
FUNERAL	11. MARITAL STATUS					2077		9149		ted States
	1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2	XIXO	If yes	s, specify Cut	en, Mexican	C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	Black, White, etc.
B	3 Widowed 4 □ Divorced	IF YES, GIVE V	AR OR DATES		10	YES XX NO	Specify:			Specify: White
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a.	DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	I SINESS/INOUS	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	,)	(Give kind of a	work done durin se retired.)	g most of worl	king			
MP	10 years		SI	hippin	g Cler	k		Private	Indu	stry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NAM	E (First, Middle, Melden	Surname)	
BE (Michael Daniels						ather	ine Burke		
0	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (Str	eet end Numb	er or Rural A	oute Number, City or Town	n, State, Zip Co	ode)
-	Helen C. O'Toughl				as #1					
	20a METHOD OF DISPOSITION 2 Puriel 2 Cremation 3 Rema	oval from State	20b. PLAC	CE AND DATE	OF DISPOSITION	N (Name of		1		y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CHOCC	Gate	of He	aven C			/2/93 Sil	ver S	oring, Maryland
	21. SIGNATURE OF PORERAL SERVICE LIC	ENSEE	10		Don Don	ald V	BOY	owardt Fiir	eral I	Home, P.A.
	Langle V.	DigWo	udio	4.	4400	Powde	er Mi	ll Rd. Bel	tsvil	le, Md. 20705
	23. PART I. Enter the diseases, or of shock, or heart fellure.	omplications tha	t ceused the	deeth. Do r	opt enter the	mode of d	ying, such	ee cardiac or respi	ratory erres	t, Approximate
	IMMEDIATE CAUSE (Finel	ciet offiny offic cau	se Du eech i	ine.						Interval Between Onset and Death
	disease or condition resulting in death)	LU	ug	Ca	rCD	our	0			
		DUE TO	(OR AS A CON	SEQUENCE OF						
8	Sequentially list conditions,		V		No.					
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OH AS A CON	SEQUENCE OF	Pa:					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONS	SEQUENCE OF	n _i .					
틽	resulting in death) LAST	II			ae-					
뜅		-								
Ä	PART II. Other significent condition	contributing to	death but no	400	0	ying cause	given in P	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Squamos (ell (1 9	Sco	42			1 □ YES 2		OF DEATH?
	- Mostautic	Hyper	trajol	4	(/_					1 🗆 YES 2 🗀 HO
PHYSICIAN:		//	- ()		~					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1/		OTHER:	L PLACE OF	DEATH (Chec	sk only one)		
ΙλS	1 VES 2 NO		ER/Outpatleht	-	4 Mursing	-		Other (Specify)		
	1 Hatural 5 Pending	28s. DATE OF (Month, D		26b. TIM	URY	WORK?		28d, DESCRIBE HOW IN	HURY OCCUR	NED
B	2 Accident Investigation	24- BLACE O	E de distance - An			100000000000000000000000000000000000000	Ø NO			
8	3 Suicide 6 Could not be 4 Honocide determined	building,	F INJURY — As etc. (Specify)	nome, term, s	treet, fectory,	iffice		28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Mumber,
<u> </u>	29s, CERTIFIER									
COMPLET	(Check only							o the cause(s) and men		
8		C On the basis of e	amination and/	or investigatio	n, in my opinic	n, death occu	red at the ti	ime, date end place, and	d due to the c	ause(s) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	A)		()		29c. LIC	ENSE NUME	BER	29d. DATE S	IGNEO (Month, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	Lille	> rec	1		HU	1)4	1325	- 5	.27.70
	CL O TO PERSON WHO	A J	_			-1-1-0		1.0	^	2.0-1225
	31. DATE FILED (Month, Day, Year)	32 PEGISTRA	R'S SIGNATURE	me	Jeorg	estic	EP.	Tr. Che	verly,	MN 20183
	11th 02 1003	Julia De	B'S SIGNATURE	Pandalle.	V		V		1	
	2011 1933	0								

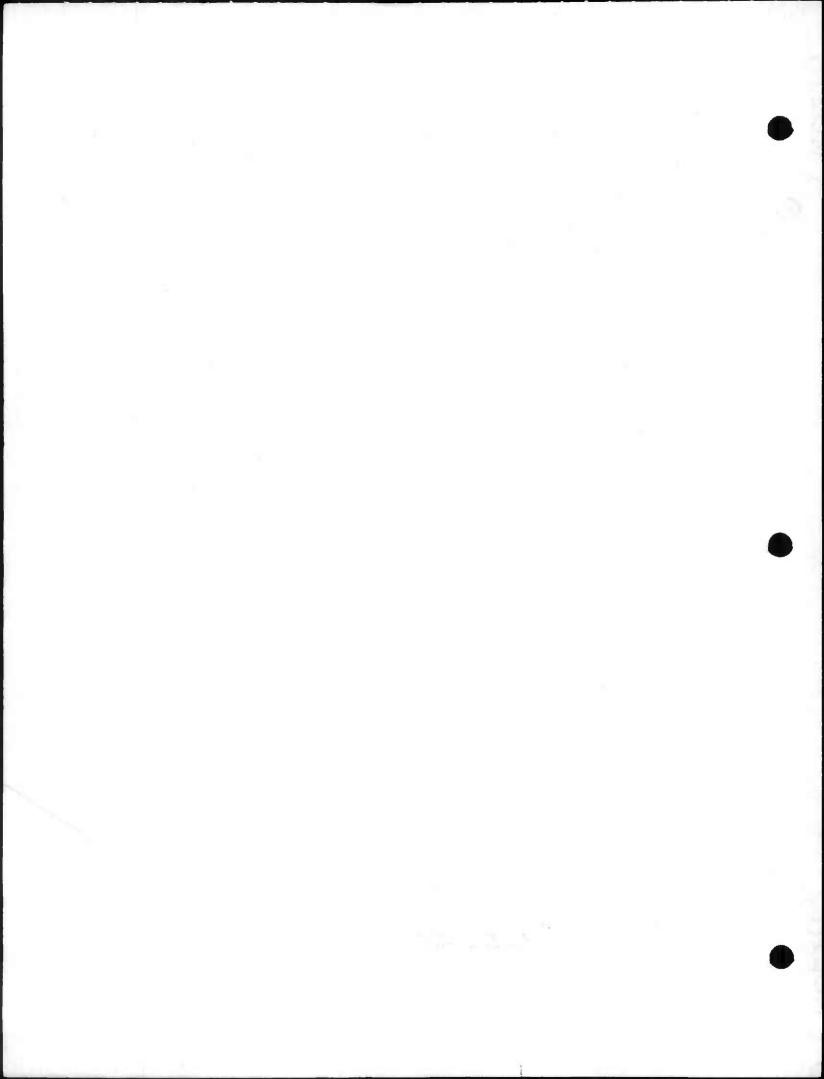
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examiner must be notified at once.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it
r death. Page 6 may be retained by the hospita	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita

	STATE OF M	ARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 93	17364
ME (First, A	Widdle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
us	Arthur	DANN	MONTH 1 DAY 1003 YEAR	

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO.		17364
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		rthur	DANN			JUNE 1 ,	"1993 "	11:00 Pm
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	076-32-3384	XX M 2 🗆 F 7	3 YRS.			5-13-1915	N	orth Dakota
TOR R	9a. FACILITY NAME (If not institution, give s DOCTORS COMMUN)	OR LOCATION OF D	DEATH	7	OF DEATH CE GEORGE'S			
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10d. INSIDE CITY				
FUNERAL DIRECTOR	Maryland Prince George's Greenbelt XX YES							LIMITS? XXX YES 2 NO
BA		TOO. 21 COUNTY						
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - America							. RACE — American Indian,	
BY F	1 Never Married 2 Married	FORCES? 1 XXE	S 2 NO	If yes, s	pecify Cuban, Maxic	an, Puerto Rican, etc.)	0.110-	Black, White, atc.
	3 Widowed 4 Divorced	1934 - 1	964			.,,		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPAT	ON ost of working	16b. KIND OF BUS	SINESS/INDUS	TRY
LE	Elementary/Secondary (0-12) 10 years	College (1-4 or 5+)	TORACO	se retired.)		77		
ME	17. FATHER'S NAME (First, Middle, Last)		BMC			Navy		
S	Douglas L. Dann					AME (First, Middle, Maiden	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAII ING	ACCORDED (Street		Moore Route Number, City or Town	0	
2	Martha E. Dunn		same a	**	and number or nural	Ploute Number, City or low!	n, State, Zip Co	de)
	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE	OF DISPOSITION /N	ame of	OATE 20c. LO	CATION CIII	or Town, State
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	emetery, cremetory or of the tropolis	ther place).	atorv 6	1		a, Virginia
	22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A.							
	> Ashall V	Danard	A	1400	a v. Bor	gwardt fund	eral H	ome, P.A. le, Md. 20705
	23. PART i. Enter the diseases, or o	complications that caus	ed the death. Do r	not antar tha me	oda of dving, aud	ch as cardiac or readi	ratory arrest	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only time cause on	aach lina.					intarval Between Onset and Daath
	disease or condition reaulting in death)		ARDIA		REST			Onset and Death
_			A CONSEQUENCE OF		T.C O.V	D. C. C. C. C.	_	
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	5 <i>y</i> /47<	IEKY	DISEAS	£	
\¥	if any, leading to immediata cause. Entar UNDERLYING	•		•				İ
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				
E	resulting in death) LAST	d						
	PART II. Other significant condition	a contributing to death	but not resulting	in the underlyle	a course where In	Book I on ung ou		
CAL	Diab		ellitus	m the underlyn	a canse diven in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
ED	End	CAMAR	Rema	0 1	2000	1 🗆 YES 2	X NO	OF DEATH?
Σ	LNA	BITTE	i-com	4 60	source			1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26, P	LACE OF OEATH (C)	neck only one)		
SIC	EXAMINER?	HOSPITAL:	ripatient 3 🗆 DOA	OTHER:		6 ☐ Other (Specify)		
¥	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year	7 28b. TIM	E OF 28c. IN	JURY AT	28d. OESCRIBE HOW IN	JURY OCCUR	EO
BY	1 Naturel 5 Pending 2 Accident Investigation	(World), Day, Itali	, , ,	M 1	YES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJUI	RY — At home, farm, a	street, tactory, offic	a	281. LOCATION (Street a. City or Town, State)	nd Number or i	Rural Route Number,
	4 Homicide detarmined					ony or nown, orane,		
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my kno	wiedge, death occurre	ed at the time, data	and place, and due	to the cause(a) and man	ner as stated.	
ŏ.	one) 2 MEDICAL EXAMINE	R: On the basis of exeminat	ion and/or investigatio	n, in my opinion, o	leath occured at the	time, data and place, and	d due to the ca	suse(a) and manner as stated,
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	m II	440		29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)
TO B		W	MD		D 239	42	► 6/	493
۴	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Print)	rs Comi	muli Har	p 1	anhan
	31. DATE FILED (Month, Day, Year)	Zhatas thank de	Mullandalas	2 00.0	-3	1 1743	7-	
	JUN U4 1993	Jan Maria						



burial-transit

page 5 should be detached for use as the

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nding physician and completely fille Hygiene prior to burial, cremation,

has been signed by the attending physician Dept. of Health and Mental Hygiene phor to

this certificate his n with the State C

. OIRECTOR: After the hours after death w

TO THE FUNERAL (De filed within 72 h FUNERAL (

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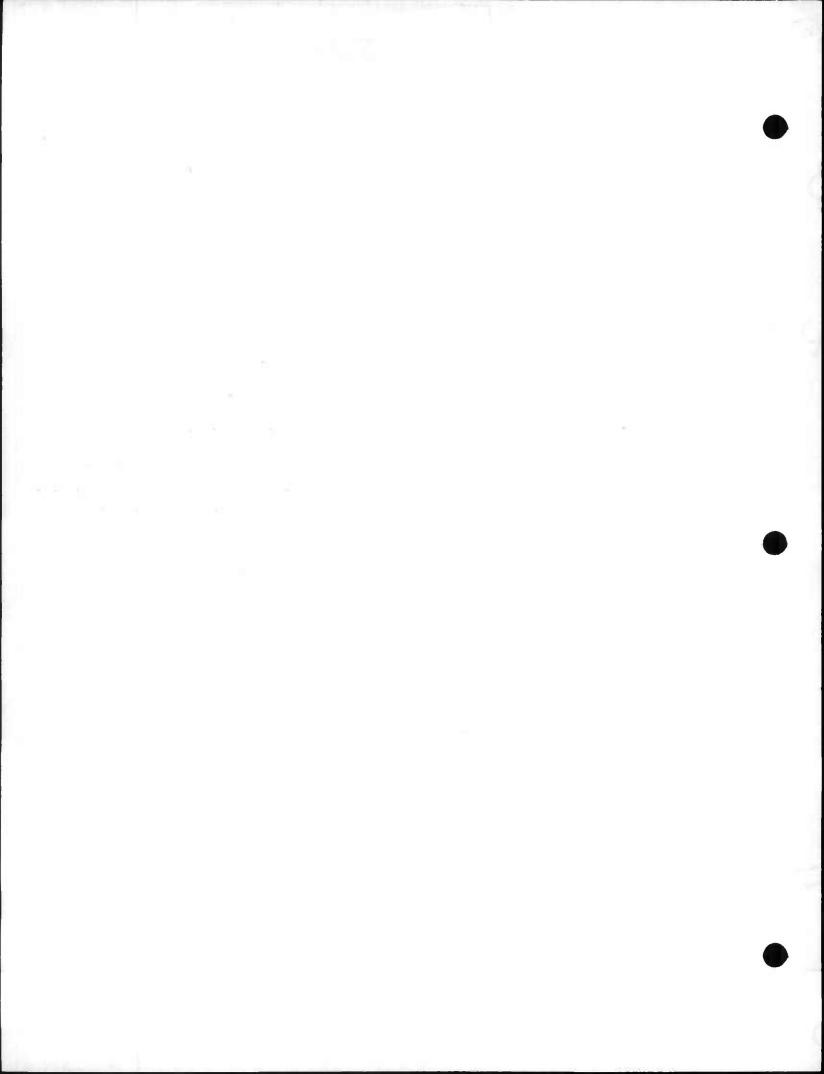
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIEN
CERTIFICATE OF DEATH	REG NO

93 17365 1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MAY 25 3. TIME OF DEATH 1993 YEAR **GEORGE EDWARD** ESENDER 8:12 A. M 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month. Pey, Mar)
APLI 27, 1925 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 219-16-9278 DAYS HOURS Maryland 1X M 2 | F 68 VRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 729 Joppa Farm Road DIRECTOR Joppa Harford RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Joppa 1 YES XX NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 729 Joppa Farm Road 21085 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced WWII - Korea White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) lery (0-12) College (1-4 or 5+) City Government Superintendent of Bldg. 12 Inspector 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Edward Esender Helen M. Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris A. Esender 729 Joppa Farm Road, Joppa, Md. 21085 20a, METHOD OF DISPOSITION

15C Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Fallston, Md Highview Memorial Gardens 5-28-43 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition corone (resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Somet CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO OR AS A CONSEQUENCE that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month) Day, Year) 35543 9 30. NAME AND AGORESS DF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OR - FOHN J. LEH, 617ASTEMMERS RUNIKA, BALTO 31. DATE FILED (Month, Day, Year)
MAY 26 '93 The Davidson Handage



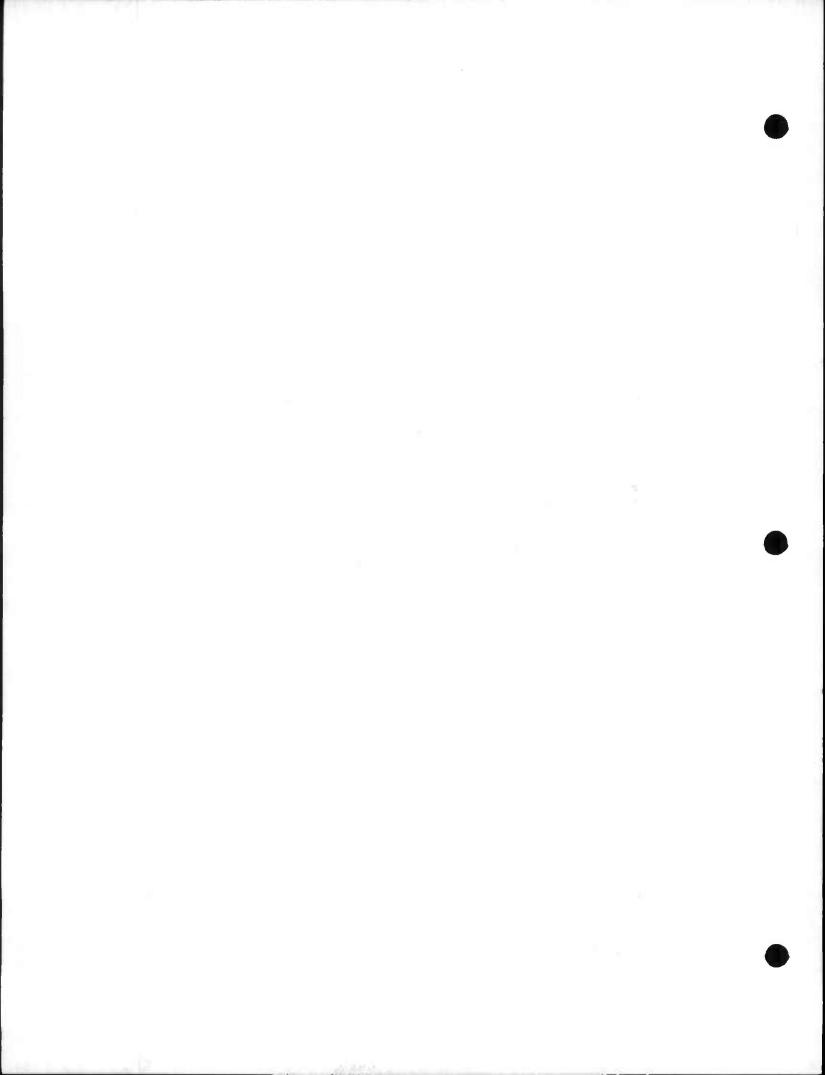
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICAT	E OF	DEATI	Н	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH		14.0	3. TIME OF DEATH	н
	GRACE RAYOL	A EDW	IARDS					MAY 27		1993	1:00	AM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE	(In yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER 24	HRS.	7 DATE OF BIRTH		8. BIRTH	IPLACE (State or For	
		2 XF	71 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) MARCH 21,	1922	OK.	y) LAHOMA	
_	9a. FACILITY NAME (If not institution, give street and n			9b. CITY	r, town	OR LOCATION	OF DE	ATN	9c. COU	NTY OF D	EATH	
ĕ	18214 ROLLING M	EADOW W	AY		OLNE	Y			M	ONTG	OMERY	
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CI	TY, TOWN	OPIOCA	TION					444 110105 0101	
DIRECTOR		GOMERY	100.01	11, 1000							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	GUPLEKI			OLN	1. ZIP CODE			10- 017	TEN OF I	1 YES 2 1	МО
FUNERAL	18214 ROLLING MEAD	OW WAY			100		832		10g. C11	USA	IN OF WHAT COUNTRY?	
ا ج	500	DECEDENT EVER	IN U.S. ARMED	13.	WAS DE	CENDENT OF	HISPAN	C ORIGIN? (Specify Yea	or No-	14. RACE	- American India	n,
BY		ES, GIVE WAR OR D				2 NO		, Puerto Rican, atc.)		Speci	ity:	
COMPLETED	15. DECEDENT'S EDUCATION		16a. DECEDENT'S					16b. KIND OF BUS	INESS/INC	DUSTRY	WHITE	
	(Specify only highest grade completed Elementary/Secondary (0-12) College	(1-4 or 5+)	(Give kind of life, Do NOT L	work done ise retired.)	during m	ost of working						
ਰੂ	12	(,	SECRE	TARY				H.E.W				
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTNE	R'S NAM	ME (First, Middle, Maiden				
	VIRGIL C.	MacINTYR	E			RU		RICHA				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRES	S (Street	and Number of	r Rural A	oute Number, City or Town	n. State. Zic	Code)	-4	
임	H. KENNETH EDWARDS							WAY, OLNE			832	
	20a, METHOD OF DISPOSITION	200	b. PLACE AND DATE	OF DISPOS	SITION (N	eme of			CATION -			-
	1 🔯 Burial 2 🗆 Cremation 3 🗆 Removal from 4 🗆 Donation 5 🗆 Other (Specify)	Stata Cer	PARKLAW	N CE	METE	RY			CKVI			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22.	NAME A	ND ADDRESS	OF FAC	ILITY				_
	1 A. A.	2 1-11	1		FRAN	CIS J	. C(OLLINS FUN TY BLVD.,	ERAL	HOME	E, INC.	00
\dashv	23. PART I. Enter the diseases, or complice	Cunsico	111-1-11-1								SP., MD	209
NC	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions,	50E 10 (ON AS 1	ATTL L	rrj: v	4	ker					O MON	- and
Ĭ	If any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	IF):								
CERTIFICATION	CAUSE (Diseese or Injury C.	DUE TO (OR AS	A CONSEQUENCE O	ME).		- v	_					
	that initieted events resulting in deeth) LAST			. ,.							İ	
3	d										+	
N P	PART II. Other significent conditions contrit	outing to deeth t	out not resulting	In the ur	nderlyin	g ceuse giv	en in F	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIN	o
								1 - YES 2	NO	1	COMPLETION DF CA OF DEATH?	NUSE
٤							_	_	V		1 YES 2 N	0
Z I	25. WAS CASE REFERRED TO MEDICAL						*-					
PHYSICIAN: ME	EXAMINER? HOSP			OTHE		LACE OF DEA	TN (Che	ck only one)				
2		itlent 2 ER/Out			sing Non	-	dence (Other (Specify)				
	1 Chatural 5 Pending	(Month, Day, Ybar)	28b. TIR	JURY		PRK?		28d. DESCRIBE HOW II	JURY OC	CURED		
ā	2 Accident Investigation	D 105 05 01 01			1 🔲		NO					
3	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	Y — At home, ferm, cify)	street, faci	tory, offic	•		281. LOCATION (Street a City or Town, State)	nd Number	or Rural F	loute Number,	
COMPLET	29e. CERTIFIER											
ξ	(Check only one) 2 MEDICAL EXAMINER: On the											
3			The state of the s	on, nemy c	opition, c	watti occoled	at the t	ime, data and place, and				ned.
滿	SIGNATURE AND TITLE OF CENTIFIER	_ OV	\mathcal{M}			29c. LICENS	SE NUM	BER	29d. DAT	SIGNED	(Morth, Day, Year)	
2	MANNY.					1)	do	77	3	1-1	175	
	30. RAME AND ADDRESS OF PERSON WHO COMPLI	CAUSE OF DE	EATN (ITEM 27) (Type	Print)	80	891	75	146253	11	R	244.11	2
	31. DATE FILED (Morith, Day, Year) 32.	HICHA David	Son-Pandel	2			.,	And hand a	-71 -		~ 10	
	70N A 1227	/										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



	FOR
١.	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

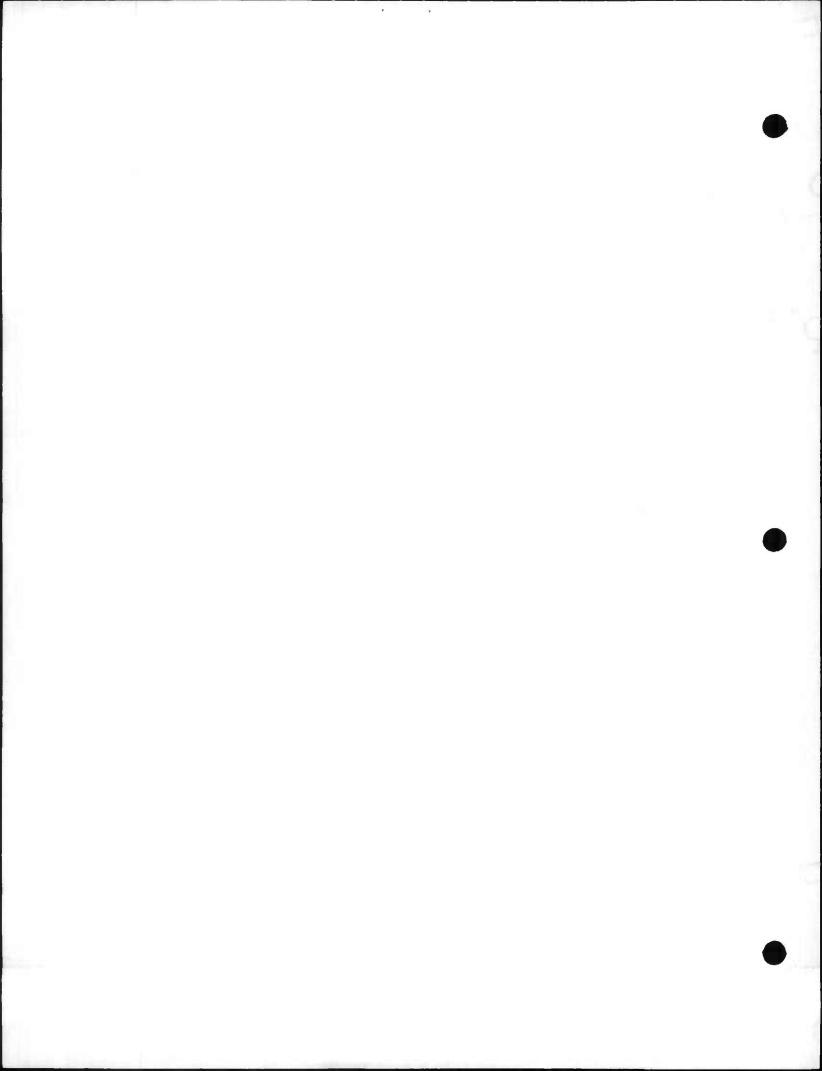
	1 - REGISTRAR	CER	TIFICA	TE OF	DEATH	F	REG. NO.		
- V	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH C FILA		<.			2. DATE OF MONTH	DEATH		3. TIME OF DEATH
	JOSEPH C FILA 4. SOCIAL SECURITY NUMBER 5. SEX	Joseph (04	30		
H	149-18-0282 XM20F	6. AGE (In yrs. last birth		MOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, iD)	BIRTH by Years 9/2	~ ~	RTHPLACE (State or Foreign buntry) W Jersev
	9e. FACILITY NAME (if not institution, give street end number)		9b.	CITY, TOWN C	R LOCATION OF DE		-/-	9c. COUNTY O	
DIRECTOR	Arundel General Hospita							Anne	Arundel
OIRE	Maryland Anne Arund	P Arundel Annapolis							10d. INSIDE CITY LIMITS? 1 XXVES 2 NO
	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	1038 Spa Road 11. MARITAL STATUS 12. WAS DECEDO	NT EVER IN U.S. ARMED			21403			U.S.	
À	1 Never Married 2 X Married FORCES?	1 ☐ YES 2√XNO WAR OR DATES		If yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexican 2500 Specify	n, Puerto Rica		8	ACE — American Indian, llack, White, etc. pec/ly: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			AL OCCUPATIO		16b. KIN	VD OF BUS	INESS/INDUSTR	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or :	i+) Iffe. Do A	IOT use retir	ed.)					
8	12 17. FATHER'S NAME (First, Middle, Last)	Isales	D1	VISIO	Manager 18. Mother's NAI			& Mye	rs
BEC	Jospeh Francis Fila				Amelia			Jan Hair Hay	
ဦ	19a. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADD	RESS (Street e	nd Number or Rural R	loute Number, (City or Town	, State, Zip Code,)
-	David A. Fila 20a. METHOD OF DISPOSITION				k Road,				
	1XXBurial 2 Cremation 3 Removal from State	20b. PLACE AND D	y or other pl	POSITION (Na.	netery 5/	DATE		CATION — City o	Town, State le, Md. 21666
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_ Scever	12/11	22. NAME AN	D ADDRESS OF FAC	YTUK			
	* Chomes K. Held	enhi			Melfenbei Shamrock				P.S. aryland 21619
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one complications to the shock of	at caused the death.	Do not e	nter the mo	le of dying, such	as cardiac	or respir	ratory arrest,	Approximate
1	IMMEDIATE CAUSE (Final disease or condition	000 /		^			110	,	Interval Between Onset and Death
ŀ	a. angle ellege Camer with 4 mos DUE TO (OR AS A CONSEQUENCE OF): b. Wides Pread Skeletal Wetastases								
2	widespread Skeletal metastases								
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or Injury C.	O (OR AS A CONSEQUEN	CE OFI:						
CERTIFICATION	resulting in death) LAST								į
	PART II. Other significant conditions contributing t	o death but not result	ting in the	underiving	cause given in i	Part I 24	n. WAS AN	иптовеч	24b. WERE AUTOPSY FINDINGS
CAL				o undortymig	Cause green in		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED						_ ''	TES 2	200	OF DEATH? 1 YES 2 NO
ž									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			HER:	ACE OF DEATH (Che				
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE D		TIME OF	28c. INJU	5 ☐ Residence :			JURY OCCURED	
BY P	Netural 5 Pending (Month,	Day, Year)	INJURY	M 1 Y	RK?				
	3 Suicide 28e. PLACE	28e. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number building, etc. (Specify)							ral Route Number,
COMPLE	29e CERTIFIER (Chock only CERTIFYING PHYSICIAN: To the best of	of my knowledge, death o	ccurred at 1	he time, date	end place, and due	to the cause(s) and man	ner as stated,	
NO.	2 MEDICAL EXAMINER: On the besis of	examination end/or invest	igation, in	my opinion, de	eth occured at the t	tima, date and	place, and	I due to the caus	se(s) and manner as stated.
O BE	296 SIGNATURE AND TITLE OF CERTIFIER	w hi			29c. LICENSE NUM	BER 53		≥ 4	130/93
-	30. PAME AND ADDRESS OF PERSON WHO COMPLETED CA	yw 18	(Type, Print)	Foro	of Dr.	An	nay	was'	md2140/
	31. DATE FILED (Month, Dey, Year) MAY 0 3 '93	Julia Davidson-	Pande	22					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89



FOR STATE REGISTRAR		RYLAND / DEPAR CERTIF	RTMENT OF				GIEN G. NO.	_	93	17368
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	DA	NY.	YEAR	3. TIME OF DEATH
		arie Frey				June 3		.993	44.5	4:40A
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIR (Month, Day,			8. BIRTHE Country	PLACE (State or Foreign
487-38-0810	90 YRS.		1.00.10		eb. 13		.903		souri	
9a. FACILITY NAME (If not institution, give	California de la calenda de la		96. CITY, TOWN			TH		9c. COU	NTY OF DE	ATH
Manor Care-Potom	ac			Potom	ac			Mo	ntgo	nery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	rv.	10.00	TY, TOWN OR LOCA							W.W
Maryland 1	Montgomery	100. (31	IT, TOWN OR LOCA	Bethe	sda					10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
10e. STREET AND NUMBER			1	01. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
7517 Glennon Driv	ve .			2081	7			Uni	ted S	States
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS OECEOENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 X NO	If yes, a	CENDENT OF pecify Cuban, S 2 NO	Maxican,	ORIGIN? (Spe Puerto Rican, o	cify Yes	or No—	14. RACE Black, Specify Whit	
15. DECEDENT'S EO (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPAT	ION lost of working		16b, KIND	OF BUS	INESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	or worning						
8	_	Homema	ker				Own	Hom	е	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAMI	E (First, Middle,	Maiden	Surname)		
James	Juliett			An	ne	Colema	n			
19a, INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or	Rural Ro	ute Number, City	or Town	n, State, Zip	Code)	
Paul E. Frey		7517	Glennon	Drive	, Be	thesda	, M	aryl	and	20817
20a. METHOD OF DISPOSITION XXBurial 2 ☐ Cremation 3 ☐ Ran	mount from State	20b. PLACE AND DATE		leme of		OATE :	20c. LO	CATION -	City or Tow	rn, State
4 Donation 5 Other (Specify)	NOVEL ITOM State	Calvary C	emetery		7/93		t.	Loui	s, Mi	ssouri
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME /	AND ADDRESS	OF FACI	uny Robe	rt	A. P	umphi	ey Funeral
Michele (1. Kul	мооз4	8 Wisco	nsin A	ve.,	Chevy C Bethe	sda	, MD	2081	7557 4-3501
23. PART I. Entar the diseases, or shock, or heart failure	List only one cause	auaad the death. Do	not antar tha m	oda of dylng	, auch	as cardiac o	respi	ratory an	rest,	Approximate
IMMEDIATE CAUSE (Final	and only one odder	on audit into.								Onset and Death
disease or condition resulting in death)	- End S	tage Cardio	mvonath	7.7						
readiting in deating	DUE TO (O	R AS A CONSEQUENCE O	F):	У		····				1
	Conge	stive Heart	Failur	e						
Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE O	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury	COPD									
that initiated events	DUE TO (O	R AS A CONSEQUENCE O	F):							
resulting in death) LAST	dAnemia	a								
PART II. Other algnificant condition	ne contribution to de	ath has not reculated	I							
PART II. Other alginiscent conditio			in the underlying	ng cause giv	en in Pa	art i. 24a. V	WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Pedal	Edema				_ 10	YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH?
						_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEA	TH (Checi	k only one)				
1 TES 2 NO		R/Outpatient 3 DOA	OTHER: 4XXNursing Ho	me 5 🗆 Reald	lence S	☐ Other (Spec	ify)			
27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY 28b. TIM	IE OF 28c. IN	JURY AT		28d. DESCRIBE	_	UNITY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	(month, buy,			YES 2 N	10					
a Contesta	Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, State)								ute Number,	
29a. CERTIFIER 1 1 CERTIFYING PHYS	IICIAN: To the heat of m	knowledge death occur	and and then these admit	o and place as	ad advantage		-d			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2 MEDICAL EXAMINER: On the b

D35792

29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

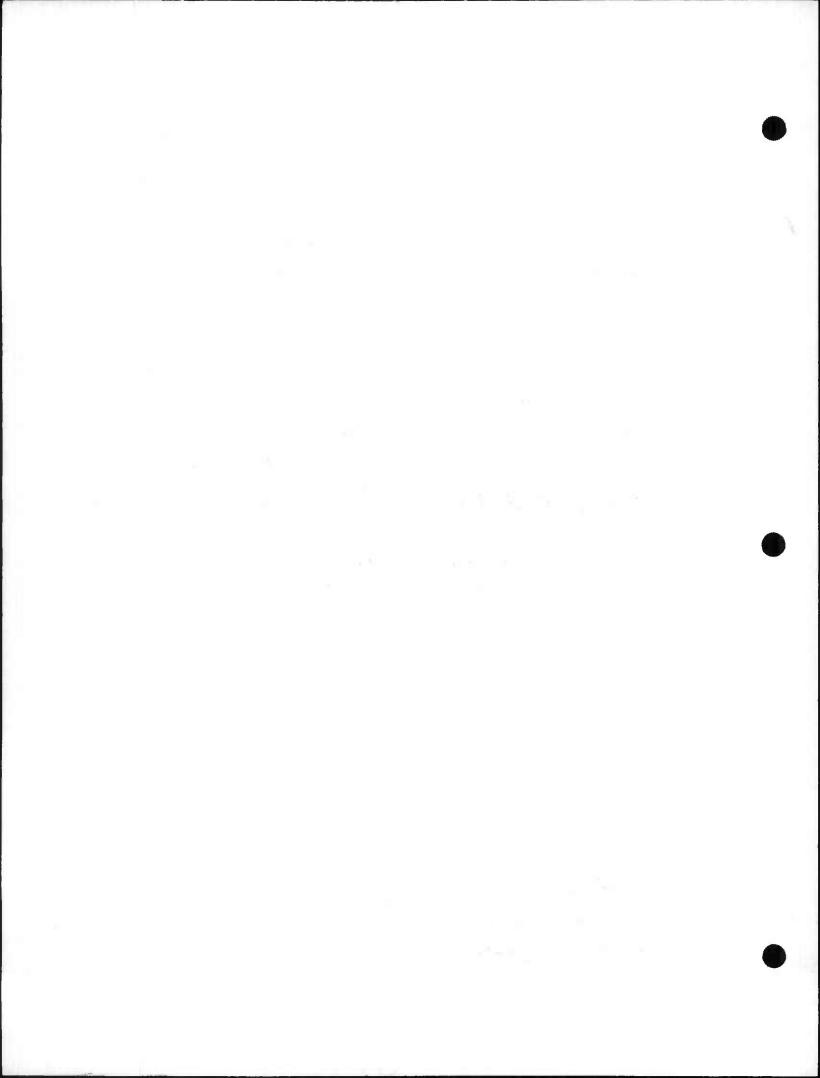
29b. SIGNATURE AND TITLE OF CERTIFIER

Sudhakar, M.D., 50 W. Edmonston Drive, #504, Rockville, Maryland 20852 Swaroop

31. DATE FILED (Month, Dey, 19er)

JUN 0 4 1993

June 3, 1993

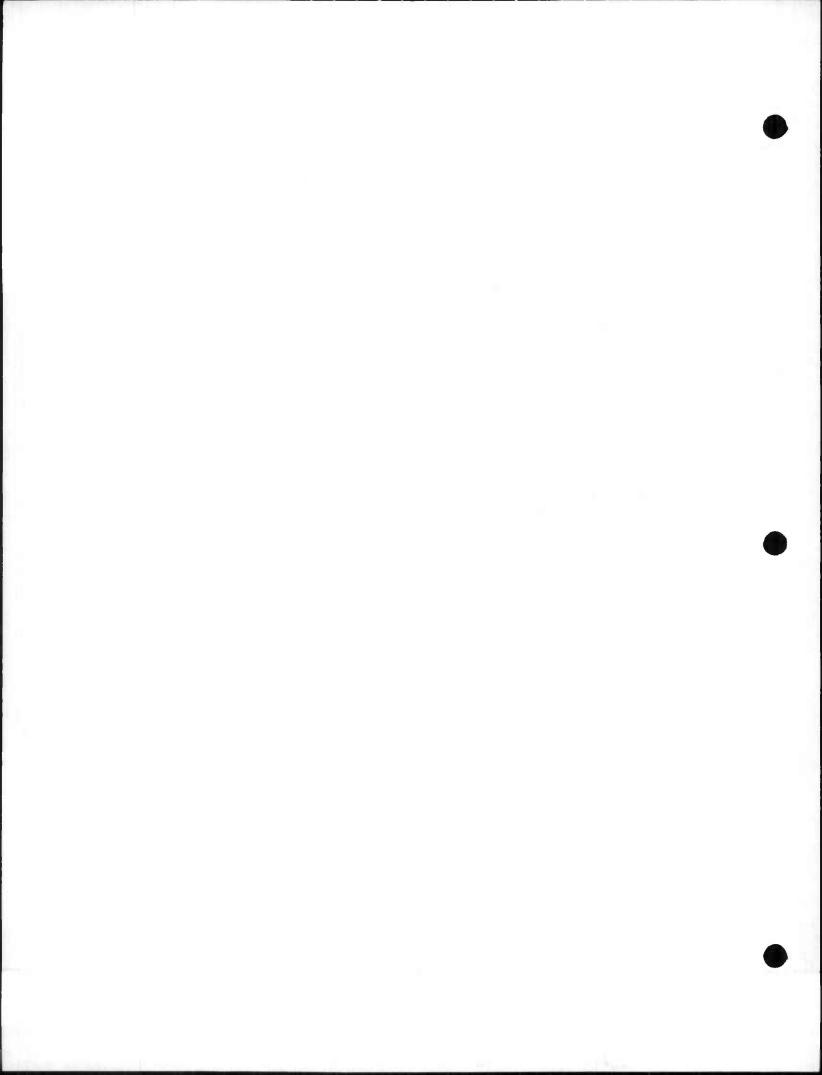


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

CEITH ICATE OF DEATH HEG. NO.														
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	E OF DEATH	AY	YEAR	3. TIME OF DEATH
			HAZEL 1	M GEISI	ER					5 12 93				5:45 PM
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIR			8. BIRTH	PLACE (State or Foreign	
	214-10-267	7 /1	1 M 2 F		89 YRS.	MONTHS	DAYS				(Month, Day, Year) Count		Country	**
1	9a. FACILITY NAME (If not in:		41		03	Ob CITT	V TOWN	00 + 00+	1011 07 00		7-1903			ryland
ac l						90. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					NTY OF D	EATH	
0	Citizens Nursing Home				Fr	Frederick Frederick					ck			
ᇣ					TY, TOWN	001000	TION							
<u> </u>		1571						ITON					- 1	10d. INSIDE CITY LIMITS?
	Maryland	Fred	<u>erick</u>		Fre	deri	<u>ck</u>							1 X YES 2 NO
₹	10e. STREET AND NUMBER	Citiz	ens Nurs:	ing Hon	ne		10	f. ZIP COD	Œ			10g. CIT	IZEN OF W	VHAT COUNTRY?
ᇤ	Rosemont A	venue						2170	1				U.S.A	Δ
BY FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	CENDENT	OF HISPAN	IIC ORIGI	N? (Specify Yes		14. RACE	- American Indian.
1	1 Never Married 2		FORCES? 1	YES 24	ND	- 1	If yes, sp	pecify Cub	en, Mexica Specify	n, Puerto	Rican, etc.)		Black	r, White, etc.
	3 Widowed 4 Divo	rced					1	· · X	Specing	7 -			Specif	White
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7	12 years	12)	College (1-4 or 5		Turn i t	1120	D							
2	17. FATHER'S NAME (First, Mi	4.00			Turnit	ure .	buye	1						
		7-3.1									Middle, Malden	,		
BE	Curtis Gei										Mclau			
10	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRES	S (Street i	and Numbe	r or Aural I	Route Nun	nber, City or Tow	n, State, Ziç	Code)	
ř	James Eise	nhauer	r		P.O.	Box	3081	Inc	line	Vi1	lage,	NV 8	9450	
	20a. METHOD OF DISPOSITE	ON		20b PLA6	CE AND DATE	OF DISPOS	SITION /A/	eme of		DAI	E 20c 10	CATION -	City or Toy	non State
,	1 N Burial 2 Cremation 4 Donation 5 Other		oval from State	cemetery,	cremetory or o	other place)	Como	+ 0 2022		5 /	1 / E	1 4	-1- A	Maryland
	21. SIGNATURE OF FUNERAL	,	ewee	_ [Moul	it OII	vel	ceme	tery	SS OF FA	13/	14 Fre	deri	ck, r	daryland
1	1)	1	CHISEE /								& SON	FIINE	RAT. F	HOMES, P.A.
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	23. PART I. Enter the di	seases, or o	pmplications the	caused the	death. Do	not enter	the mo	de of du	dno eucl	b se cer	diec or reen	retory on	not.	Approximata
- 1	shock, or he	ert failure.	List only one cau	se on each i	ine.		are me	or or u	mig, suci	i as car	diac or respi	ratory arr	est,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition													
	disease or condition resulting in death) a. Congriture Hold Fulin - a. Congriture Hold Fulin - Other TO (OR AS A CONSEQUENCE QF):													
1	OUR TO (OR AS A CONSEQUENCE QF):													
z	Cany Arty Ward.										50hrs			
은	Sequentially list condition if any, leading to immediate	ons, liste	DUE TO	(OR AS A DON	SEQUENCE O	F):								-
CERTIFICATION	cause. Enter UNDERLYII					E OF):								
Ĕ	CAUSE (Disease or Injur that initiated events	N	DUE TO	(OR AS A CON	SEQUENCE O									
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	PART ii. Other significat	nt condition	s contributing to	death but no	ot resulting	in the ur	nderiyin	g cause	given in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL											PERFOR	1		MAILABLE PRIOR TO COMPLETION OF CAUSE
										_	1 TYES 2	NO		OF DEATH?
≥	-													1 TYES 2 THO
Ż													_	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF E	DEATH (Che	ock only o	ne)			
Š	1 YES 2 NO		1 Inpetient 2	ER/Outpatient	3 DOA	OTHE!	R: aing Hon	10 5 🗆 R	esidence	S 🗌 Othe	er (Specify)			
È I	27. MANNER OF DEATH		28e, DATE OF	INJURY	28b. T#	E OF	28c. IN.	JURY AT			SCRIBE HOW I	NJURY OC	CURED	
		Pending	(Month, D	lay, Year)	IN.	JURY M		ORK? YES 2	¬ NO					
BY		rwestigation	26a PLACE O	F INJURY — At	home form	-tt foo				004 1 04	NT1011 (0)			
COMPLETED		Could not be	building,	etc. (Specify)	nome, rarm,	street, rac	tory, onic	•		City	or Town, State)	ind Number	or Rural R	loute Number,
E 1														
7 1	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the t	ime, date	and place	, and due	to the ca	use(a) and man	ner as stat	ed.	
Ž) and manner as stated.
Ö										_				
띪	296. SIGNATURE AND TITLE	DETERMINE	1	/				29c. UC	ENSE NUM	IBEH!		29d. DAT	E SIGNEO	(Month, Day, Year)
2	1-1	5-19	Lucia	0	1275)_		D	139	71			4/3	3/93
F	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DEATH (TEM 27) (Type	(Print)							-	
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	31. DATE FILED (Month, Day,)	bar)	32. REGISTRA	R'S SIGNATURE	E	OCI	LL	TIEU	CITCI	C, I'I	U Z1/U			
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BALTIMORE, MARYLAND 21215-002 after death. Page 6 may be retained by the hospital or attending physic

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TA OF	nostrial of all lending finishers; he law requires that the death certificate de executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical control of the contro	MREC	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	TANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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PORTANT: If item

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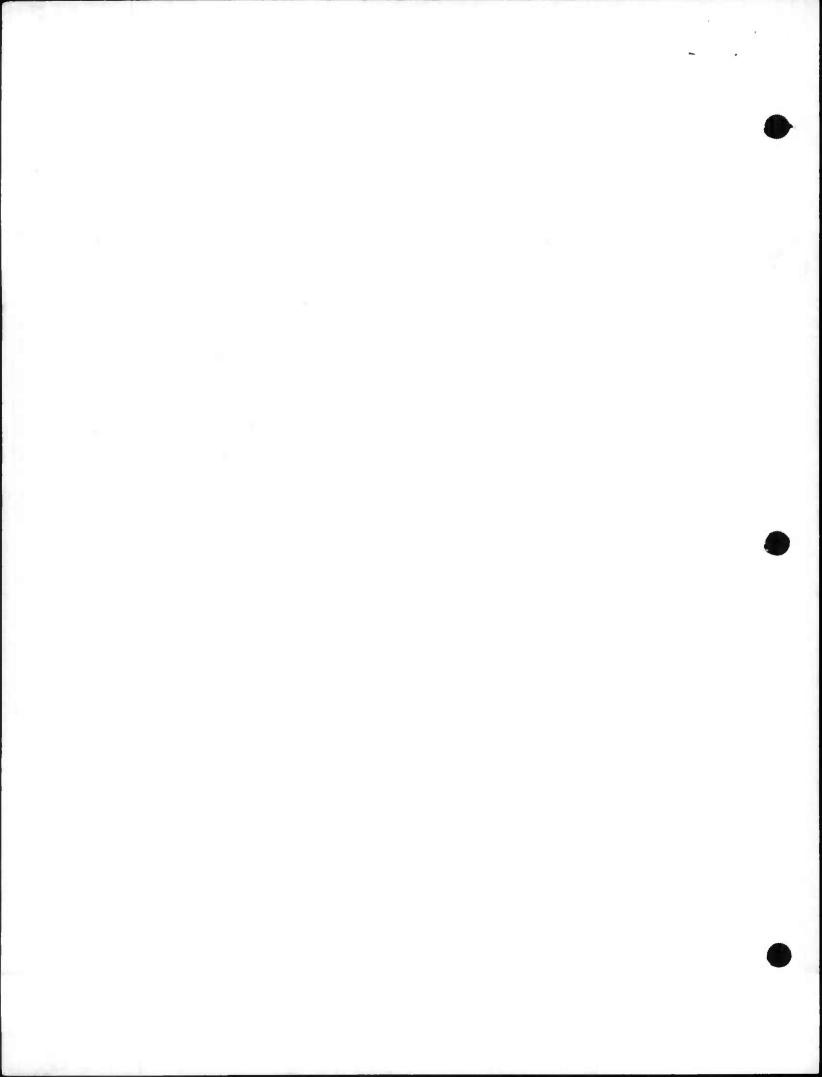
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RONALD GREEN 03 **"0**6 1993 10:00 a_M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year May 2 IF UNDER 1 YEAR IF UNDER 24 HRS. 94-36-2 1 M 2 - F HOURS Pennsylvania 9a. EACHLITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY *femisylvania* 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Ave. 7403 45 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE Black 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Vietnam COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Retail College (1-4 or 5+) Twelve Operator 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname Greek BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Numb 2 Yor Green 20b. PLACE AND DATE OF DISPOSITION (Name by cometery, cremetory or other place) 20e. METHOD OF DISPOSITION
1 Disposition 3 Removal from State York, Peni 6-4 C. Cremation Service 4 ☐ Donation 5 ☐ Other (Specify) 93 ennsylvania 21. SIGNATURE OF FUNERAL SERVICE LICENSEE John W. Keffer Funeral Home Inc. York eorge 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Intervel Batwe IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) chay CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING EMS CAUSE (Disease or Injury TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 TES 2 NO OTHER: patient 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investige ΒY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🔲 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEF BE 29c. LICENSE NUMBER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

4676



DHMH-15 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Anthony Vin		Raci	eracı	06 02	YEAR 93	145 P
		SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS. NTHE DAYS HOURS MIN.	Mar. 17,19	Coun	THPLACE (State or Foreign or Poreign onecticut
ECTOR	9a. FACILITY NAME (If not institution, give street.	1 11	spital	Fallston		9c. COUNTY OF	DEATH Arford
DIR	10a. STATE 10b. COUNTY Maryland Har	ford	10c. CITY, T Bel	OWN OR LOCATION Air	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	716 Paige Circle			101. ZIP CODE 21014	10g. CITIZEN OF USA	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR DO WWII		13. WAS DECENDENT OF HISF If yes, specify Cuban, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, etc. city: White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade company)	ON pleted)	16a. DECEDENT'S US	done during most of working	16b. KINO OF BUS		
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	Stock Ex	peditor	Sikor	sky, Inc	·
BE CO		Geraci		August		Mangione	9
101	Vincent A. Geraci			Paige Circle,			
	20a. METHOD OF DISPOSITION 1	from State com	PLACEAND DATE OF E netery, crematory or other St Michae		1	CATION — City or 1	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	m. A.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. NAME AND ADDRESS OF HOWARD K. MC	Comas III F	uneral F	Home, P.A.
	23. PART I. Enter the diseases, or com	plications that caused	the death. Do not	1317 Cokesbu	ry Road, Ab	ratory arreat.	Md. 21009
	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	only one cause on e	ech line.	rest- 2 % 19			Interval Between Onset and Death
	*	DUE TO (OR AS A	CONSEQUENCE OF):	4 1			6 humstrs
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	r apheria. t ds - angin			6 mmths
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEQUENCE OF):	r apheria. tols-enfor	in Part I. 24e. WAS AN	AUTOPSY 24	6 Mms fby
IEDICAL CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF):	r apheria. tols-enfor		AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF):	r apheria. tols-enfor	in Part I. 24e. WAS AN PERFOR	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): Put not resulting in t	t ds - angin the underlying cause given 28. PLACE OF DEATH (1) THER: Nursing Home 5 Residence	In Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of LEXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS A DITTIBUTING TO death b	CONSEQUENCE OF): Outlook Detient 3 DOA 4	t ds - anym the underlying cause given 28. PLACE OF DEATH (THER: Nursing Home 5 Residence The control of the control of	In Part I. 24a. WAS AN PERFOR 1 YES 2 Check only one) 6 G Other (Specify)	AUTOPSY 24 MED? NO NO NJURY OCCURED	ID. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DIFFICULTY OF TO TO TO TO TO TO TO TO TO TO TO TO TO	CONSEQUENCE OF): Outlont 3 DOA 4 28b. TIME 0 INJURY At home, ferm, streethy)	t ds - anym the underlying cause given 28. PLACE OF DEATH (THER: Nursing Home 5 Residence The control of the control of	Check only one) 6 G Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	AUTOPSY 24 MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DD Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DIFFICULTY OF TO TO TO TO TO TO TO TO TO TO TO TO TO	CONSEQUENCE OF): Outlont 3 DOA 4 28b. TIME 0 INJURY At home, ferm, streethy)	26. PLACE OF DEATH (THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO M, fectory, office	in Part i. 24a. WAS AN PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street engrees) City or Town, State)	AUTOPSY 24 MED? NO NJURY OCCURED and Number or Rural liner as stated. d due to the ceuse	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DD Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions cond	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DIFFICULTY OF TO TO TO TO TO TO TO TO TO TO TO TO TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Put not resulting in to the consequence of the consequ	28. PLACE OF DEATH (THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO et, fectory, office It the time, date and place, and d n my opinion, death occurred at ti	Check only one) 6 G Other (Specify) 28d. DESCRIBE HOW III 28f. LOCATION (Street a City or Rown, State) 10 City or Rown, State) 10 City or Rown, State	AUTOPSY MED? NO 24 NJURY OCCURED and Number or Rural due to the ceuses 29d. DATE SIGNE	Abulta Number, (a) and manner ea stated.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	6
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1. Pages 1, 2,
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

ITEMS: 25, 27, 28a-f, PER MEO G-702 8/9/93 t.t/s.w 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) WILLIAM CRAWFORD GOING 2. DATE OF OEATH 3. TIME OF DEATH WILLIAM C. GOING 4:40am 06 01 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 X M 2 | F 242-07-8415 YRS. SEPT.8,1910 SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, IHSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 HO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5111 GLADE DRIVE APT. 12-3D 20906 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 16b. KIHD OF BUSINESS/INDUSTRY (Specify only highest g. Elementary/Secondary (0-12) College (1-4 or 5+) 5 CARPENTER 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) THOMAS GOING MELLIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY B. GOING (WIFE) 15111GLADE DRIVE #12-3D SILVER SPRING.MD 20906 20a. METHOD OF OISPOSITION

1X Buriel 2 Cremation 3 Remo
4 Donation 6 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATIOH — City or Town, State DATE PARKLAWN CEMETERY 6/4 ROCKVILLE, MARYLAND 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AHO ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate interval Between shock, or heert feliure. List only one cause on each line. **IMMEDIATE CAUSE (Fine) Onset and Death** Sepsis disesse or condition 6 week resulting in death) URenony Fract inflessions well CERTIFICATION Sequentially flat conditions, If any, leading to immediate Sweed cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events 3 anoull resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. COPD, Hordic Stewarts & Susufficency. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO heemony loss mostale Coones. 1 | YES 2 12 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Propertient 2 ER/Outpatient 3 DOA OTHER: 4 - Hursing Home 5 - Residence 6 - Other (Specify) 27. MAHNER OF DEATH 28a. DATE OF IHJURY (Month, Day, Year) 28c. IHJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 2-9-93 1 YES 2 HO BY 2 X Accident SUBJECT SLIPPED & FELL 28a. PLACE OF IHJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 🗌 MEDICAL EXAMINER: On the baels of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AHD TITLE OF CERTIFIER 29c. LICEHSE HUMBER 29d, DATE SIGHED (Month, Day Year) [auless Zuo

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30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

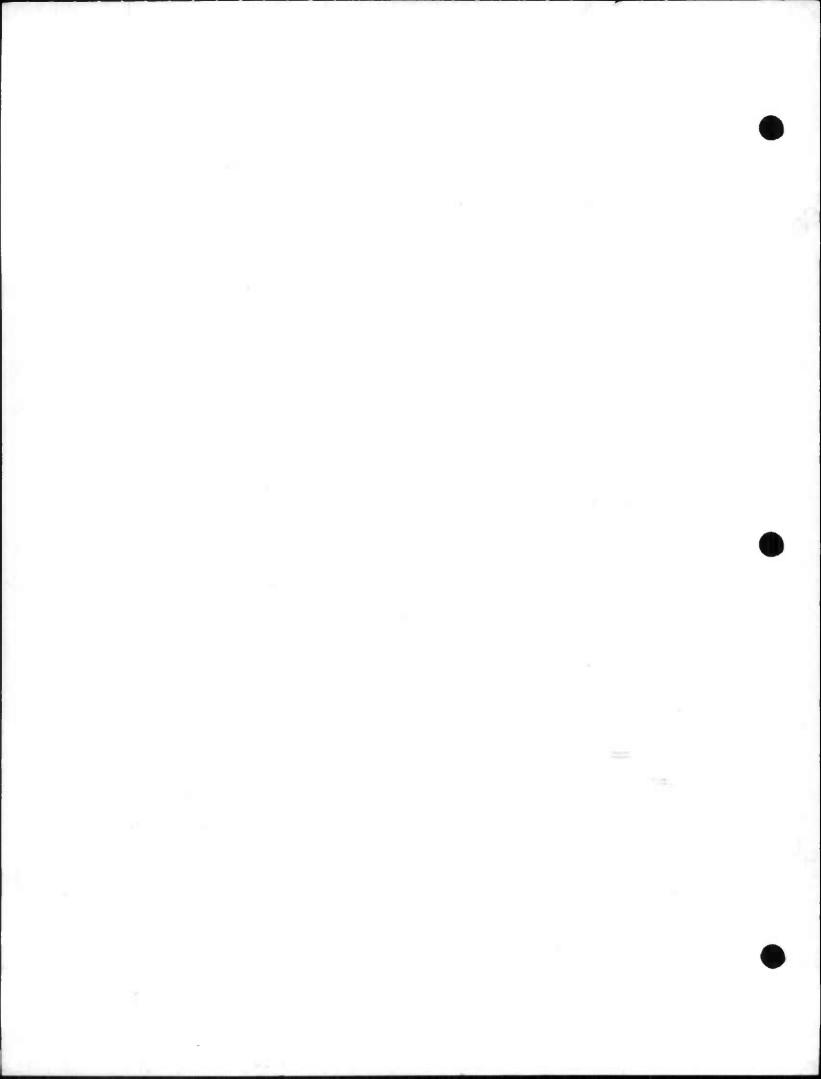
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Jukernexical O.J.LAW 1ESS 3801 31. DATE FILED (Month, Day)

32. AFGISTRAFIO SIGNATURE PANDALL

DHMH-18 Rev 1/89

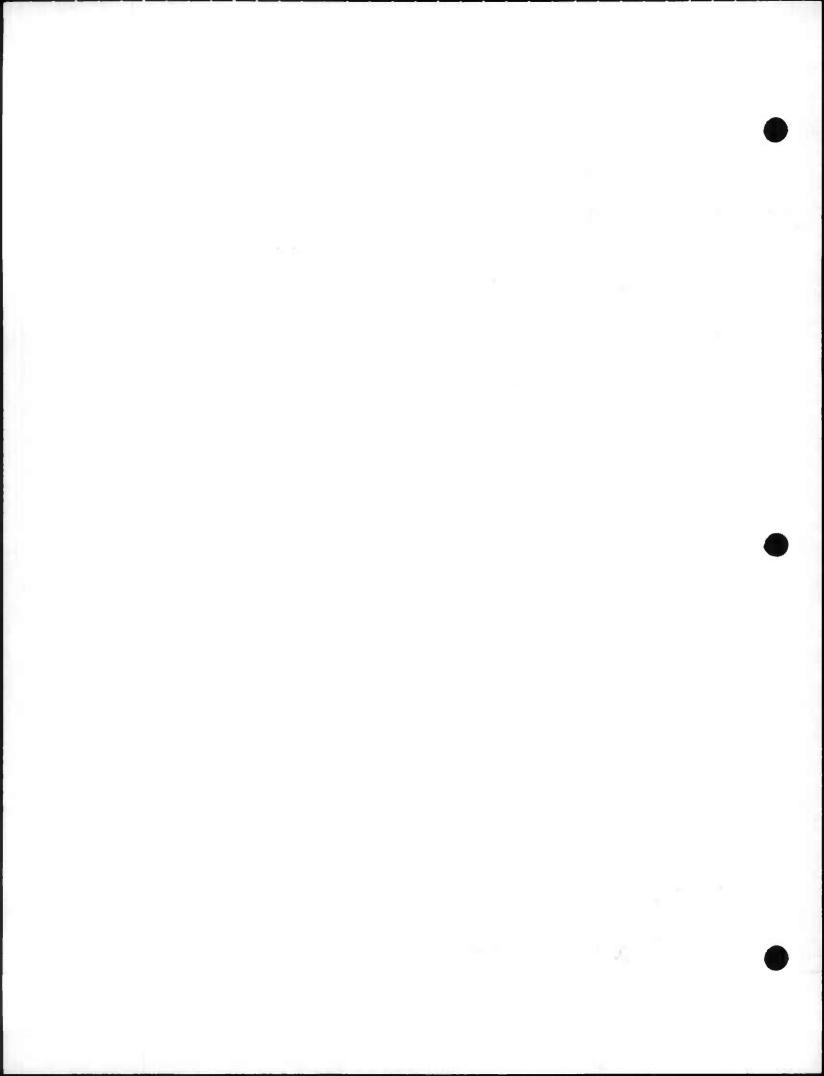
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	ARYLAND 21215-0020	ined by the hospital or attending physicia	sched 1
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	AH	peu	pino

BALTIMORE, MARYLAND	4 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached, or removal,	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR			EKIIF	ICATE (OF L	JEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Catherine	e A. Goule	đ					2. DATE OF MONTH May	OEATH DA		YEAR	3. TIME OF DEATH 11:50 P M
	4. SOCIAL SECURITY NUMBER 067 34 2093	5. SEX 1 M 2 F	8. AGE (In yrs. I	insi birthday) YRS.	IF UNDER 1 YE		IF UNDER 24 HRS.				8. BIRTH Countr	IPLACE (State or Foreign y) Labama
TOR	9a. FACILITY NAME (If not institution, give so Carriage Hill-Bet RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH Bethesda					9c. COU	nty of o	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			12.5	y, TOWN OR L		, D.C.					10d. INSIDE CITY LIMITS? 1 S YES 2 NO
ME	10e. STREET AND NUMBER			1 110	Dilling						ZEN OF V	WHAT COUNTRY?
NE	1965 Biltmore Str	eet, N.W.		- FALCO			20009		2000			States
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 5	SNO	If ye	s, speci	IDENT OF HISPAN Ify Cuban, Mexica NO Specify	n, Puerto Ric		or No-	14. RACE Black Speci	E — American Indian, c, White, etc. my: White
COMPLETED	(Specify only highest grade completed) (Give ldr				USUAL OCCU vork done durir le retired.)	PATION ng most	of working		ches			
PMO	17. FATHER'S NAME (First, Middle, Last)	5+	5	Social	Work		III. MOTHER'S NAI		hool		cem	
BE C	William Allen						Minnie			Sumame)		
10 B	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (St	treet and	Number or Rural F	Poute Number	City or Town	n, State, Zip	Code)	
-	Michael A. Gould			1965	Biltmo	ore	Street,	N.W.	,Wasl	ningt	on,	D.C. 20009
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Montgomery Crematorium, I						nc. Bethesda, Maryland					
	22. NAME AND ADDRESS HOME/Bethe					ethesda-	sof FACILITY Robert A. Pumphrey Funeral sda-Chevy Chase, Inc. 7557 Avenue, Bethesda, Maryland 20814					
	23. PART Lights the disease, or of heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that clief only one cause	on each iir	deeth. Do r	ot enter the	mode	of dying, such	n ea cerdia	c or respi	ratory an	rest,	Approximate interval Between Onset and Death
_	DUE TO (OR AS A CONSEQUENCE OF):											
ATIO	If any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Obstructive Pulmonary Disease DUE TO (DR AS A CONSEDUENCE DF): d								10 yrs.			
	PART II. Other aignificant condition	contributing to d	eeth but not	reaulting i	n the under	rlying o	ceuse given in	Part i. 2	i. 24a. WAS AN AUTOPSY			WERE AUTOPSY FINDINGS
EDICAL	Peripheral Vascu	lar Disea	se					_ •	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M	25 WAS CASE DEFENDED TO MEDICAL											1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1											
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF IN (Month, Day,	JURY	28b. TIM	E OF 280 URY	c. INJUR	TA Y		RIBE HOW II	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CHITIFUL AND ADDRESS OF PERSON WHE	COMPLETED CALLER	OF DEATH (IT	G 271 /Turn	NI D	2	9c. LICENSE NUM D07431	BER		•		(Month, Day, Year)
	Paul T. Noone, M	.D. 50 W.		ston	Drive	#20	7, Rock	ville	, Mar	ylan	id 20	852



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1300	y
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARY	LAND / DEPARTMI CERTIFICA	ENT OF H	EALTH AND DEATH	MENTA	L HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) WOLA T 910550				2. DATE	OF DEATH		ZEAR 3. TIME OF	DEATH 4 16 M	
	176-03-3745 1□M2▼F	(In yrs. lest birthday) IF U	NDER t YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	district Country of Co					
TOR	90. FACILITY NAME (If not institution, give street and number) Prince georges Hosp RESIDENCE OF DECEDEN	erly	EATH		9c. COUNT	OF DEATH				
DIRECTOR	MD. PRINCE GEORGES	10b. COUNTY 10c. CITY, TOV						10d. INSIDE	3?	
FUNERAL	100. STREET AND NUMBER 3804 PARKWOOD ST.		20722					U.S.A.	RY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2.20 NO	13. WAS DECE If yes, spe 1 — YES	ENDENT OF HISPA city Cuben, Mexico 2 NO Specia	an, Puerto	t? (Specify Yes Ricen, etc.)	or No—	Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done in/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done life. Do NOT use retired.)				ne during most of working d.)				
OME	9 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOT					Middle, Melden	AT HO	ME	- 70	
BEC	WILLIAM THORNTON			ABELI		TAW	SON			
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AODI	RESS (Street an	d Number or Rural	Route Num	ber, City or Tow	n, State, Zip Co	ode)		
	PATRICIA ANDERSON		ITEM #							
	- C	b. PLACE AND DATE OF DIS metery, crematory or other pl CHAMBERS	ece) CREMAT		5/4/9			y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	7		D ADDRESS OF FA		7) 10	- ADIMA	وللبال وظلا		
	W. W. Chanberry	M00091	W. W.	CHAMBER	RS CC	a. RTV	ERDALI	E, MD. 2	0737	
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	2					Inter	oximate ral Between t and Death	
PHYSICIAN: MEDICAL CER	PART II. Other significent conditions contributing to death	PERF			ORMED? AMAILAI COMPL OF DEA		PSY FINDINGS PRIOR TO N OF CAUSE 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 SYES 2 NO 1 nostlent 2 SER/Out		HER:	CE OF OEATH (Ch						
HYS	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME OF	Nursing Home 28c, INJU	5 Residence		r (Specify) SCRIBE HOW II	LIURY OCCUE	PED.		
BY P	1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJURY	WOR	K? ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJUR building, etc. (Spe	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination							ause(e) and manne	r ee stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER		29d. DATE S	IGNEO (Month, Day,	Ybar)	
2	SO NAME AND ADDRESS OF PERSON WILL SHAPE			D/7/	62		16	12/93		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OIL LINDA WHITTON TO COMPLETE CAUSE OF OIL 31. DATE FILED (Morith, Day, Your) 32. REGISTRAR'S SIGN	EATH (ITEM 27) (Type, Print) 2556 CRA	nil!	there	Loa	ser bu	a Iha		6772	

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ARYLAND 21215-0020	lined by the hospital or attending physician.	hould be detached for use as the burial-transit permit. Pages 1, 2, 3

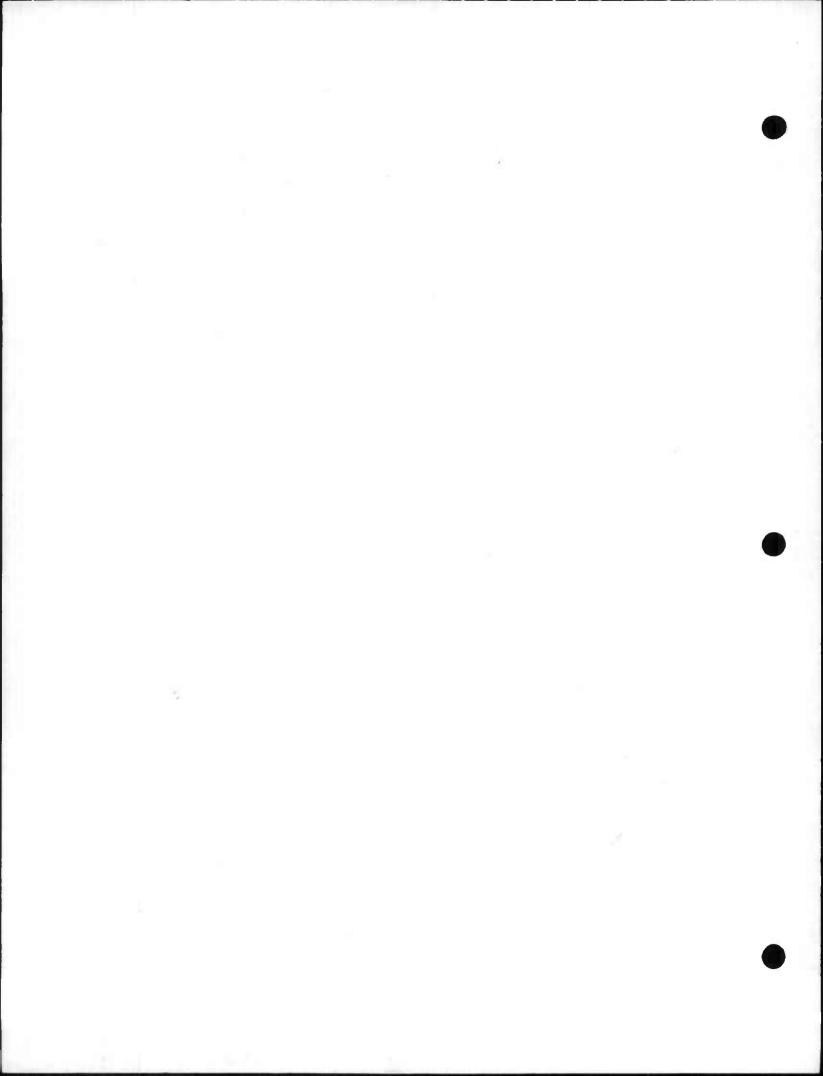
		FOR STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR CERTIF	RTMENT	OF HEALTH A	AND MENT	AL HYGIEN REG. NO		3	7375	
			ann	Harpi	Carol		Harp			E OF DEATH	AY -9	YEAR 3.	TIME OF OEATH	
		4. SOCIAL SECURITY NUME 167-30-394	1	5. SEX	6. AGE (5)	YRS.		DAYS HOURS	MIN. (Mo	E OF BIRTH oth, Day, Year) - 30 -	- 0	Country)	CE (State or Foreign Vania	
2,3	TOR	90. FACILITY NAME (If not institution, give street end number) MOTOR MOTOR STREET STR					96. CITY, TOWN OR LOCATION OF DEATH HAVE DE GLACE LIVE DE STACE					9c. COUNTY OF DEATH HATTOIC		
mit. Pages	L DIRECTOR	Maryland Harford			d loc. city, town			e Grace				d. INSIDE CITY LIMITS? YES 2 NO		
ian. transit per	FUNERAL	10e. STREET AND NUMBER PO BOX 650 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.				101, ZIP COOE 21078				USA				
21215-0020 al or attending physician. for use as the burla-transit permit. Pages 1, 2,	BY	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				₽ NO	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					s or No— 14. RACE — American Indian, Black, White, etc. Specity: White		
212	APLETED	15, DEC (Specify only Elementary/Secondary (0 12	completed)				UPATION ring most of working		166. KIND OF BUSINESS/IN Constar-Inte Plastics			zernational		
YLA by the be der	BE COMPL	17. FATHER'S NAME (First, M Elmer Roy 190. INFORMANT'S NAME (7				Ann	a -	, Middle, Meiden Lev	vis					
TE, MAR ay be retained page 5 should the notified	5	John W. Hary	≱Ie, J	r.		250 W	alton	Avenue,		sville,	own, State, Zip Code) Pa. 19320 COCATION — City or Town, State			
TT E - 10		1 Donation 5 Other 21. SIGNATURE OF FUNETIAL	(Specifi)	111	cemetery	ceand date c, cremetory or c ewell	ther place) U M	Cemeter ME AND ADDRESS	y 6-7-		wning			
BALTIMO rs after death. Page 6 n by the funeral directo removal.		23/PART L Enter the d	W.	16On	Who	<u> </u>	HO	ward K. 1 17 Cokes	McComa: bury Ro	oad. Ah	nado	n. Mo		
within 24 hours within 24 hours inpletely filled in the cremation, or retivent, the media	CIAN: MEDICAL CERTIFICATION	shock, or his immediate cause (fin disease or condition resulting in death)	al	omplications that List only one cau a. Active DUE TO	se on esch	line. Uniti	2 Ca					it,	Approximate interval Between Onset and Death	
, P.O. BOX 687, leath certificate be executed attending physician and conntal Hygiene prior to burial.		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
ires that the display the Health and Me		PART II. Other significe	nt condition	s contributing to	death but n	ot resulting	in the unde	erlying cause giv	ven in Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 ANO	
S ept ps s s s s s s s s s s s s s s s s s		25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF OEA	TH (Check only	one)				
NOFVITA NG PHYSICIAN: The filer this certificate h. feath with the State C marked, or item	PHYSICIAN:	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5	Pending	1 Inpatient 2 28a. DATE OF (Month, De	INJURY	28b. TIM	4 Nursin	g Home 5 Reeks	28d. OI	NOT (Specify)	NJURY OCCU	REO		
INTENDING TOR: After after death 28 is ma	ETED BY	3 Suicide 6	nvestigation Could not be determined	28e. PLACE Of building,	F INJURY — A atc. (Specify)	I home, farm,		1 YES 2 I	281. LO	CATION (Street of y or Town, State)	and Number or	Runti Route	Number,	
AL OR AL DIRI 2 hour	COMPLE			CIAN: To the best of R: On the basis of ex									d manner ee stated.	
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE C	296. SIGHATURE AND TITLE	1.6	allu Mo	, /	amir		29c. LICENS	SE NUMBER		29d. DATE S	SIGNED (MO	nth, Day, Year)	
		30. NAME AND ADDRESS OF	ED J	r. eolf	ERM	Q	, Print)	2013 Darl	real	e China	LP4 210	78		
		JUN 04	93	32. BEGISTRA	avidson-									

DHMH-16 Rev 1/89

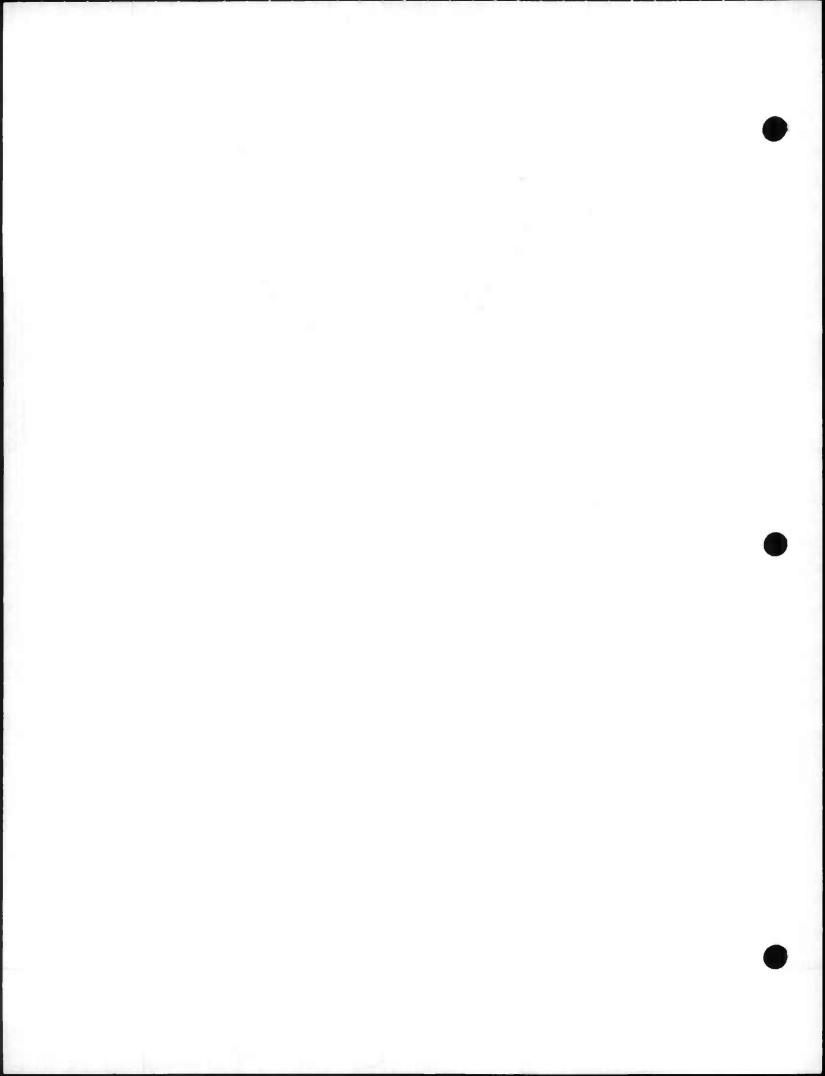
2. DATE OF DEATH

68760,	
BOX	
P.O.	
RDS,	
RECORDS	
TAL R	
OF VIT	
ONO	
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3. TIME OF DEATH YEAR 93 peoplice MIDE A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 - M 2 XF 218-30-1117 10-11-1896 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Waterview Healthcare Center Salisbury Wicomico RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Wicomico 1 YES 2 NO Salisbury FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 104 Catherine Street 21801 S.A within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Injectely filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 O Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Domestic None 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) H John Hall BE Virginia Hall notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Robert Dashiell Catherine St.Salis Md. 21801 9 20a METHOD OF DISPOSITION
1 Disposition 3 Removal from State
4 Donation 5 Other (Specify) 5/19 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Green Acres Salis. Md examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY completely filled in by the funeral rial, cremation, or removal. 821 West Rd. Gladys B. Stewart Clinton F.Stewart-Salis.Md.21801 traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 18m05 arcinoma DUE TO (OR AS A CONSEQUENCE attending physician and con ental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 requires that the death certificate has been signed by the attern the State Dept, of Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? arteriosclerot shows any 1 TES 2 NO 1 YES 2 NO PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) The HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 - Residence 6 - Other (Specify) 1 TYES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: the 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, death with this 1 Natural 2 Accident 1 YES 2 NO BY DIRECTOR: After the hours after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 6 Could not be COMPLETED Item 28 I 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. TO THE HOSPITAL
TO THE FUNERAL E
be filed within 72 h
IMPORTANT: If II 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) m. medial Duector D 08008 5-26-93 5 WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print) 108 32 REGISTRAR'S SIGNATURE 2 Julia Davidson Randalle MAY 27



	1. DECEDENT'S NAME (Fit	irst, Middle, Last	•	CERTIFICATE OF DEATH					2. DAT	REG. N		yam c = 1	3. TIME OF	
	Mildred			Vida	Ha	mon					ти 24	DAY 4	93	
	4. SOCIAL SECURITY NUMBER		5. SEX	S. SEX 6. AGE (In yrs. leat birt		IF UNDER	1 YEAR	IF UNDE	24 HRS.	7. DAT	E OF BIRTH oth, Day, Year)			HPLACE (State
	218-20-4139		1 🗆 M 2 🖳 F	67	YRS.	MONTHS	DATS	HOURS	MINI.		2-19-26		M	
~	9a. FACILITY NAME (If not institution, give street and number) (HOVE) 138 Delaware Avenue				3			OWN OR LOCATION OF DEATH			9c. COUNTY OF DE			
DIRECTOR	(HME) 138 DE		Avenue			Sal	isbur	Y				Wic	mia)
EC.	10a. STATE	10b. COUN	TY		19c. CITY, TOWN OR LOCATION									10d. INSID
	MD	Wi	amia		Sali	sbury								1 YES
1	10e. STREET AND NUMBE	ER		141	10f. ZIP CODE					10g. CITIZEN O			IZEN OF	WHAT COUN
FUNER		138 Delaware Avenue Salisbury, MD			21801					U. S			J. S.	
豆	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT, FORCES? 1			NT EVER IN U.S.	EVER IN U.S. ARMED 13.			CENDENT (OF HISPAI	NIC ORIG	ORIGIN? (Specify Yes or No- 14. Puerto Rican, etc.)		14. RAC Blac	E — America
B		3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA						2 × NO					Specify:	
0	15, 06	ECEDENT'S ED	UCATION	16a.	DECEDENT'S	USUAL O	CCUPATH	ON		16	b, KIND OF B	USINESS/IN	DUSTRY	Blk
L L		(Specify only highest grade completed) Elementary/Secondary (f-12) College (1-4			(Give kind of work done			ost of world	ng		TOU, KIND OF BUSINESS/INUUS			
COMPL					Retir	ed					Campbe!	ll Say	Camp	cany
COM	17. FATHER'S NAME (First,	Middle, Last)			16. MOTHER'S N					AME (First, Middle, Maiden Sumame)				
5 111		Henry,	sr.						zabet		-tooks			
TO BE	19a. INFORMANT'S NAME	.,,									mber, City or To	own, State, Zij	p Code)	
9	Barbara J. Co			005 000		elawan			Salis			1801		la la valles
100	Burlet 2 Croma				CEAND DATE	ther place	HON (NE	ame of		DA	TE 20c. L	OCATION -	City of To	own, State
			ICENSEE /	1	tery cremetory or other place). PETEL S CETTELETY 22. NAME AND ADDRESS OF FAM					ACILITY				
1	1	well		21. SIGNATURE OF FUNEBAC SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Flooks: Funeral Service—917 W. Isabella Street—										
						1.00	TUD I	ULELO	ı ser	.v.ae	-91/ W.	LSabe l	⊥a St	reet-
	23. PART I. Enter the	diseases. nr	complications the	at caused the	death. Do	ISa1	lichi	my. M	D 21	I201				
	The same of the sa	heart failure	complications the	at caused the	desth. Do	ISa1	lichi	my. M	D 21	I201				Appi
	IMMEDIATE CAUSE (F	heart failure	List only one ce	use Dn each l	desth. Do	ISa1	lichi	my. M	D 21	I201				Appi Inter Onse
	IMMEDIATE CAUSE (F	heart failure	a. Core	at caused the use on each l	ino.	not enter	lichi	my. M	D 21	I201				Appi
dani, ind medical	IMMEDIATE CAUSE (disease or condition resulting in death)	Finei	a. Core		ino.	not enter	lichi	my. M	D 21	I201				Appi Inter Onse
dani, ind medical	IMMEDIATE CAUSE (F disease or condition resulting in death) " Sequentially list cond if any, leading to imm	litions,	a. Core DUE TO		Ine.	not enter	lichi	my. M	D 21	I201				Appi Inter Onse
dani, ind medical	Snock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	Hitipus, mediate	a. Core DUE TO	O (OR AS A CON	SEQUENCE O	not enter	lichi	my. M	D 21	I201				Appi Inter Onse
dani, ind medical	snock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL	Hitions, Hediate YING	a. Core DUE TO	O (OR AS A DOM	SEQUENCE O	not enter	lichi	my. M	D 21	RN1				Appi Inter Onse
RTIFICATION	snock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease pr in thet initiated events resulting in death) LA	ilitions, nedlate YING sijury	a. Cores DUE TO C. DUE TO d.	O (OR AS A CON	SEQUENCE O	Salnot enter	the mo	ry, M	D 21 Ing, suc	1801 the acce				Appi Inter Onse
CERTIFICATION	snock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events	ilitions, nedlate YING sijury	a. Cores DUE TO C. DUE TO d.	O (OR AS A CON	SEQUENCE O	Salnot enter	the mo	ry, M	D 21 Ing, suc	1801 the acce	rdiac or res		rest,	Appinter Ons
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OIME OF IN	CI	RTIF	ICATE C	F DEATH	MENIAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last,				TOTAL C	DEATH	2. DATE	OF DEATH	<i>)</i> .		3. TIME OF DEATH	
DIRECTOR	DAVID ARNETT HE	NRY						MONTH DAY YE. 5 28 1993			0.00	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS	7 DATE	OF BIRTH	1.5			
	234-52-5671	1 □ M 2 □ F	58	YRS.	MONTHS DAY		(Month,	, Day, Year)		Country		
	9e. FACILITY NAME (If not institution, give	street and number)	50	2.544	OF OUTH TON	N OR LOCATION OF		30, 1			Va.	
	# 2 Hawthorne L						DEATH		9c. COU	NTY OF DE	ATH	
	# 2 Hawthorne Lane Deer Park Garrett											
	10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION						
	Maryland Ga	rrett			er Par						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				er rar				_		1 YES 2 NO	
A	# 2 Hawthorne La	20				10f. ZIP CODE					HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS			21550						USA		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. ARI YES 2 NAR OR DATES		If yes,	AS DECENDENT OF HISPANIC ORIGIN? (Spe yes, specify Cuban, Maxican, Puerto Rican, YES 2 NO Specify:			Yes or No- 14. RACE — American India Black, White, atc. Specify: White				
ED	15. DECEDENT'S ED	UCATION	18a, DE	CEDENT'S	USUAL OCCUP	TION	166	KIND OF BU	CINECC/INF		***************************************	
H	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +)	(G/	ve kind of	work done during se retired.)	most of working	100.	KIND OF BU	SINCSS/INL	JUSTRY		
P	, , , ,	4		ecut	ive		Marl	ketin	o			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I	AME (First Ad			6		
	Andrew Luke Henry	V					nerine					
BE	19a. INFORMANT'S NAME (Type/Print)	/	100	MARING	10000000 101							
5	Stephanie Henry				Box 78	et and Number or Run				Code)		
	20s. METHOD OF DISPOSITION						enry,					
	1 Buriel 2 X Cremetion 3 Ren	noval from State	cemetary, cres	nD DATE	OF DISPOSITION ther place)	(Name of	DATE			City or Tow		
	Omega Crematory 5/31 Morgantown, W. Va.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box 243											
	MO0167 Durst Funeral Home - Oakland, Md. 21550											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duing, such as cardiac or complications are all the caused the death.											
	anock, or near tenure.	List only one ceue	e on each line.		iot dindi tild i	nous or dying, st	icii as ceroi	ac or resp	ratory en	reet,	Approximete Interval Between	
	iMMEDIATE CAUSE (Final disease or condition										Onset and Death	
	ventricular Arrnythmia, Acute											
	DUE TO (OR AS A CONSEQUENCE OF): Ischemic Heart Disease Unknown											
CERTIFICATION	Sequentielly list conditions,		OR AS A CONSEC								Unknown	
A	If any, leading to immediate cause. Enter UNDERLYING					7 1	D.				Unknown	
임	CAUSE (Disease or injury & Atterioscretotic Cardio-Vascular Disease											
E	thet initiated events resulting in death) LAST		on as a consco	OENCE OF								
ä	d											
	PART II. Other eignificent condition	ne contributing to d	leeth but not re	eulting i	in the underly	Ing cause given I	n Part I.	24a. WAS AN	ALITOPSY	24b Y	WERE AUTOPSY FINDINGS	
DICAL	V.							PERFOR	MED?	1	WAILABLE PRIOR TO	
ш								1 TYES 3	NO XX		OF DEATH?	
Σ										1	YES 2 NO	
PHYSICIAN:	DE MAR CASE DEFENDED TO MEDICAL											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
YS	t ₩ YES 2 □ NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nursing H	ome XXRasidence	6 Other	(Specify)				
F	27. MANNER OF DEATH	28a. DATE OF III (Month, Day		28b. TIM	E OF 28c. I	NJURY AT	26d. DESC	RIBE HOW I	NJURY OCC	CURED		
BY	Natural 5 Pending 2 Accident Investigation					YES 2 NO						
	3 Suicide 6 Could not be	26s. PLACE OF building, at	INJURY - At hon	ne, farm, s	treet, factory, of	fica	28f. LOCATION (Street and Number or Rural Route Number,				ute Number,	
	4 Homicide detarmined		(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City of	Town, State)				
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of m	w knowledge de-	th occur-	od at the firm of	te and place and d	a to the		W. 72-			
COMPLETED	one) MEDICAL EXAMINE	R: On the basis of axa	mination and/or in	Westloatio	n. In my pointer	death occurred at the	e time det	e(a) and man	ner aa stat	ed.		
	296. SIGNATURE AND TITLE OF CERTURE			,				ina piaca, an	ous to th	e cause(a) (and manner as stated.	
BE	Harl F	1	11	- 0	1	29c. LICENSE N	JMBER				Month, Day, Year)	
0	Merchel 1	1 Mary	Mor	- M	1.10.	D 0565	88		Ma	y 28,	1993	
	30. NAME AND ADDRESS OF PERSON WH											
	Herbert H. Leigh			. 0a	k Stree	t, Oakla	nd, Ma	rylan	d 2.	1550		
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR										
1	JUN - 2 1993	golia Tairidse	- Randall	3								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Hygiene prior to burial, cremation, or removal.

	93-2852-013 ITEM: 27	. & 28d, I	PER MEO (G-700 6/18	3/93 t	.t/i.s.		9	3 17379
	FOR 1 STATE		RYLAND /	DEPARTMEN	NT OF H	HEALTH AND	MENTAL HYGIE	NE	0 11012
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICAT	E OF	DEATH	REG. NO).	
		Davi	-				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH
	Malcolm 4. SOCIAL SECURITY NUMBER 5	. AGE (In yrs. lest	historia mana	Но		- W. /		93 10·35 a M	
		6. SEX 6.		YRS. MONTHS	B DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)		BIRTHPLACE (State or Foreign Country)
	212-40-0370		57				9/10/3		Maryland
9e. FACILITY NAME (If not institution, give street and number) 9c. COUNT OC.									TY OF DEATH
5	564 Jasontown Road Westminister RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. COLYY, TOWN OR LOCATION Maryland Carroll Westminister								rroll
EC.	10e. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCA	TION			10d. INSIDE CITY
ā	Maryland Carroll Westminster								LIMITS?
AL	10. STREET AND NUMBER 10. STREET AND NUMBER 10. STREET AND NUMBER 10. STREET AND NUMBER 10. STREET AND NUMBER 10. ZIP CODE								
EB	564 Jasontown Rd		U	.S.A.					
5	564 Jasontown Rd. 21158 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN FORCES? 1 YES 2 A NO 14 Yes appecify Cuben, Mariene Puerto								4. RACE — American Indian.
>	1 Never Married 2 Merried	IF YES, GIVE WAR	ecify_Cuban, Mexico 2 ANO Speci	en, Puerto Rican, etc.)		Black, White, etc. Specify:			
3 Wildowed 4 Divorced									White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY									STRY
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)									
MF	12			Farme	r			Dairy	
S. David Hoff S. David Hoff S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David Hoff S. David Hoff S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David Hoff S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David Hoff S. David Hoff S. David Hoff Miriam Kroh S. David Hoff Miriam Kroh S. David Hoff S. David Hoff S. David Hoff S. David Hoff Miriam Kroh S. David Hoff S. David									
196. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)									
Arlene B. Hoff 564 Jasontown Rd. Westminster, MD 21158									
20g. METHOD OF DISPOSITION 1 A Burtial 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE Of DISPOSITION (Name of cemetary of other place) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetary of other place) 20c. LOCATION - City or Town, Siete 20c. LOCATION - City or Town, Siete 20c. LOCATION - City or Town, Siete 20c. LOCATION - City or Town, Siete 20c. LOCATION - City or Town, Siete 20c. LOCATION - City or Town, Siete 20c. LOCATION - City or Town, Siete									ty or Town, Slete
									minster, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons								
	atharine V	Lar	yer	_ 1	N	ew Winds	sor, MD 21	776	
	23. PART I. Enter the diseases, or com shock, or heart fellure, List	nplications that	on each line.	ith. Do not ente	er the mo	de of dying, aud	h as cerdiec or resp	iratory arre	
	IMMEDIATE CAUSE (Finei								interval Between Onset and Death
	disease or condition resulting in death)			Injurie	S				
		OUE TO (OF	R AS A CONSEO	UENCE OF):					
N	Sequentially list conditions, b								
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSEO	UENCE OF):					
5	CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSEO	JENCE OF					
Ē	resulting in deeth) LAST	562 10 (61	1 AS A CONSEC	DENCE OF):					
CE	d								
	PART ii. Other significent conditions c	ontributing to de	ath but not re	suiting in the t	underlying	cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
음							1 TYES		COMPLETION OF CAUSE OF DEATH?
W		<u></u>							1 YES 2 NO
PHYSICIAN: MEDICAL									
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CODITAL				ACE OF DEATH (Ch	eck only one)		
Š		OSPITAL:	R/Outpatient 3	DOA 4 No		• 5 - Residence	6 ScOther (Specify)	Privat	e Property
H	1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Grother (Specify) Private Property 27. MANNER OF DEATH 28. DATE OF INJURY 2 28b. TIME OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Grother (Specify) Private Property 27. MANNER OF DEATH 28. DATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY AT WORK?							RED	
BY	1 Netural 5 Pending 2 (Accident Investigation	5/27/9		8:55 Å	1 🗆 1		SUBJECT FELL	FROM 1	TOP OF SILO
	uicide 6 Could not be	26e. PLACE OF IN building, atc.	JURY — Al horr (Specify)	ie, farm, street, fa	ctory, office)	281. LOCATION (Street City or Town, State)	and Number of	
	4 Homicide determined		Fa	rm			564 Jas		nRoad
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAI	N: To the best of my	knowledge, dea	th occurred at the	Jime, data	and place, end due	to the cause(e) and ma		
Σ									
0 1	one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data end piece, end due to the ceuse(s) end menner as stated.								
ш	29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year)								
O BE CO		Kell				O.C.M.			SIGNEO (Month, Day, Year)

WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

o R. 50 M. M. 11 Penn Street, Baltimore

32. REGISTRAR'S SIGNATURE

LIA BUILDON POR STREET

LIA BUILDON POR STREET

LIA BUILDON POR STREET

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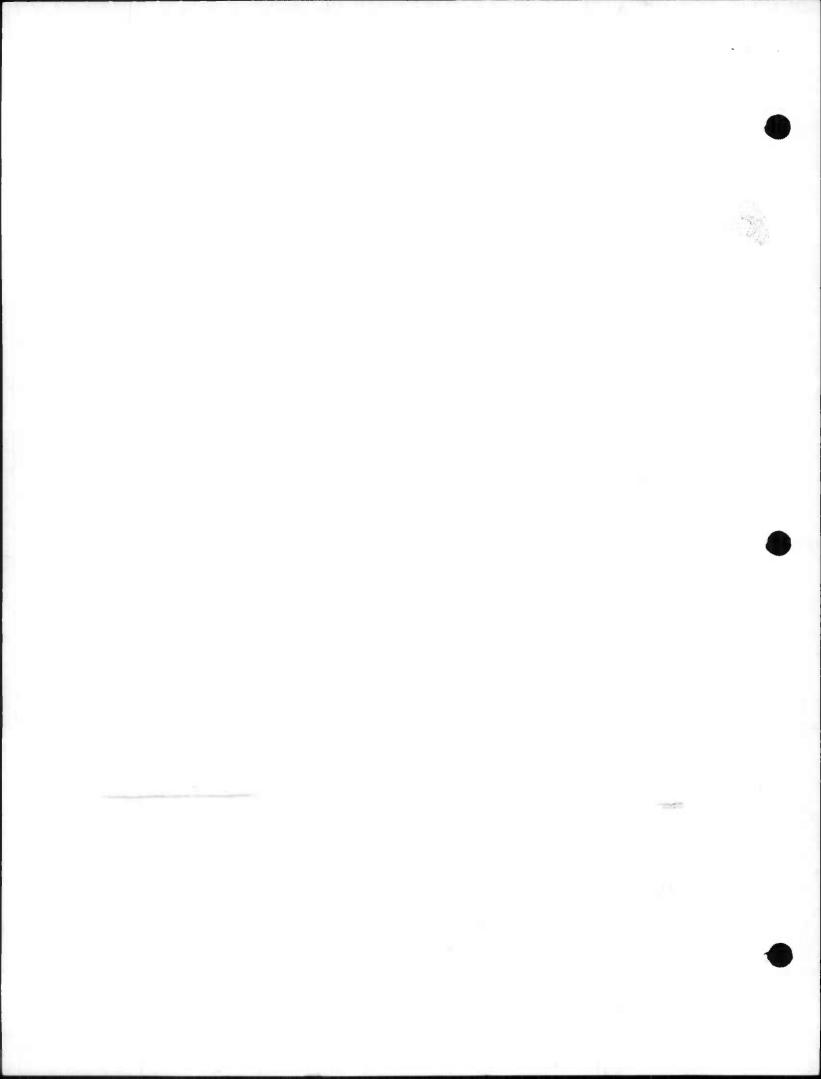
LIA BUILDON POR STREET

LIA BUILDO

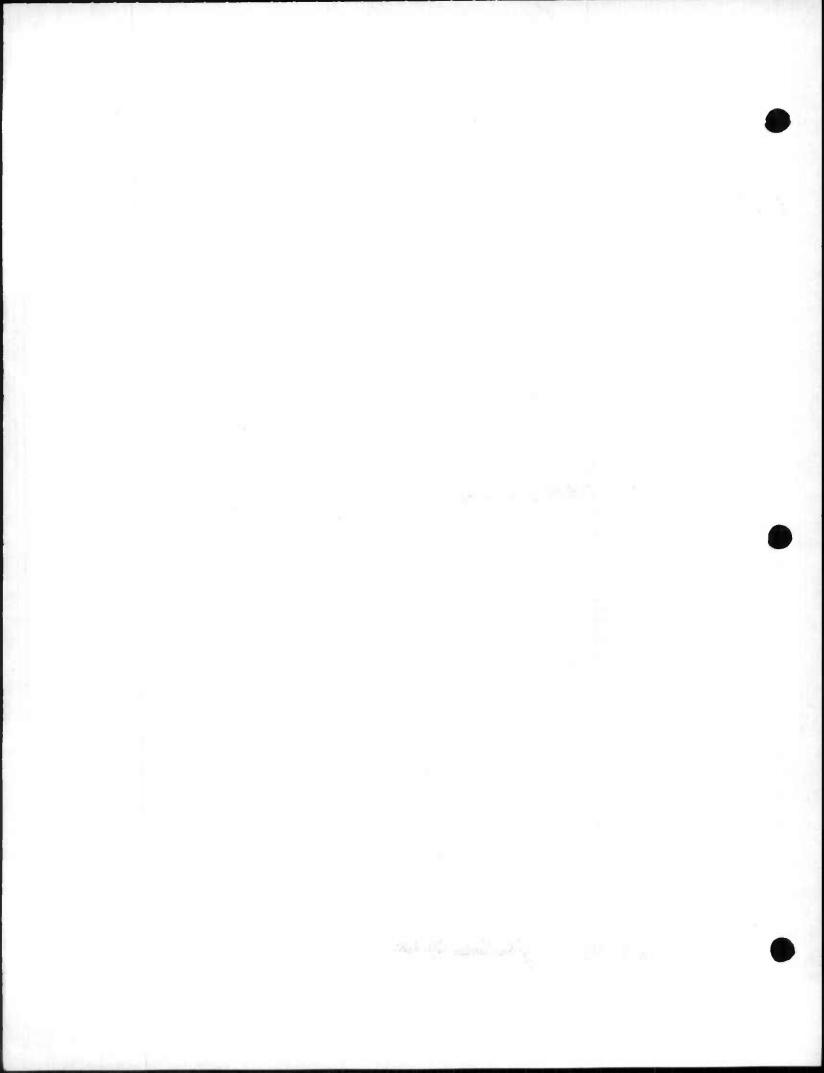
Mongomorp

31. DATE FILED (Month, Day, Year)
JUN 1 '93

Maryland 21201



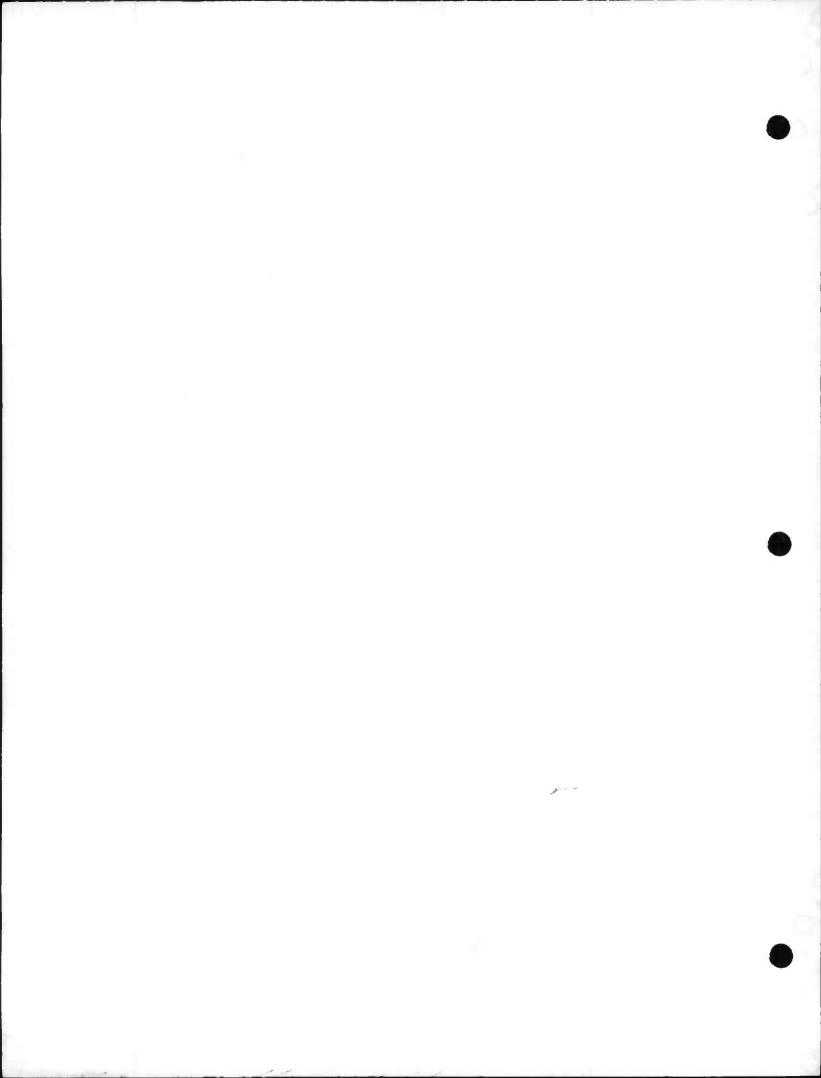
	FOR	STATE OF N	ARYLANI	n / nepar	TMENT OF H	REALTH AND	MEN	TAI UVCIEN			7380	
	1 - STATE REGISTRAR		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CERTIF	CATE OF	DEATH	MEN	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATH	
	DELI	A ANN	VE.	HU	GHES			AY 29	19	YEAR Q 3	8:30 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. D.	ATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	092-24-3367	1 🗆 M 2 💢 F	61	YRS.	MONTHS DAYS	HOURS MIN.	0'8	Honth, Day, Year) 3 27 19	931	Ne W		
	9a. FACILITY NAME (If not institution, give :	street and number)			96. CITY, TOWN	OR LOCATION OF I	DEATH		9c. COU	NTY OF DE	ATH	
OR	Dorchester General Hospital Cambridge Dorchester											
5	RESIDENCE OF DECEDENT 10a STATE 10b COUNTY											
DIRECTOR	MD Donal Day 1											
	10e. STREET AND NUMBER	vorchest	er			ridge					1 TES 2XX NO	
FUNERAL		na Walata	Α		100	ZIP CODE	1.0				HAT COUNTRY?	
W	110 Buer					216				U.S.	Α.	
F	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	X_NO	13. WAS DEC	ENDENT OF HISP/ ecify Cuban, Maxic	ANIC OR	IGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	XXNO Spec				Specifi	white	
Ω	15. OECEDENT'S EDU	CATION	160	DECEDENTIS	USUAL OCCUPATION	NA .		16b, KIND OF BU				
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		(Give kind of w life. Do NOT us	ork done during mo	st of working		IOD. KIND OF BU	INESS/IND	USTHY		
7	8	Conege (1-4 or 5+	<u> </u>	ho	omemake	r						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						AME /E/	rst, Middle, Maiden	Cumamal			
	Grant	E. John	son					th Jon	,			
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a					Code		
5	Sandra Bland		- 1	110 I	Buena V	ista A	ve	. Camb	ride	PA M	d. 21613	
	20a. METHOD OF DISPOSITION		20b. PLA		F DISPOSITION (Na				CATION —			
	1 Donation 5 Other (Specify)	oval from State	cemetery.	crematory or oti			1					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Dai	LISUUI		ID ADDRESS OF F			isbu			
10	> Renth A	2 1/m									1 Home	
	22 PART I Enter the diseases as		1		700	Locust	St	. Camb	ridg	ge M	d. 21613	
	23. PART I. Enter the diseases, prospective in the process of the condition resulting in death)	. Myo	CAR	iline. DIAL						est,	Approximate Interval Batween Onset and Death	
	disease or condition resulting in death) MYDCARDIAL LINFARCTION I hour Due to (or as a consequence of): CONGESTIVE HEART FAILURE Due to (or as a consequence of): CAUSE (Disease or Injury that Initiated events resulting in death) LAST MYDCARDIAL LINFARCTION I hour CONGESTIVE HEART FAILURE DUE to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): d.										Ihour	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	OR AS A CON	SEQUENCE OF):	27	-A	ccuré			YEARS	
8	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	OR AS A CON	SEQUENCE OF):					245.1	YEARS	
8	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	OR AS A CON	SEQUENCE OF):			. 24s. WAS AN PERFOR	AUTOPSY MED?		YEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
R	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A CON	SEQUENCE OF):			. 24s. WAS AN	AUTOPSY MED?	-	XEALS WERE AUTOPSY FINDINGS	
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MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A CON	SEQUENCE OF):): n the underlying	g Cause given in	Part I	. 24s. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CON	SEQUENCE OF): 1 the underlying 28. PL OTHER:	I cause given in	n Part I.	24s. WAS AN PERFOR 1 TYES 2	AUTOPSY MED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL CE	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CON	SEQUENCE OF	28. PL OTHER:	J cause given in ACE OF DEATH (C)	heck only	24s. WAS AN PERFOR 1 TYES 2	AUTOPSY MED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 New York STORY	DUE TO (OR AS A CON OR AS A CON death but no	SEQUENCE OF	28. PL OTHER: 4 Nursing Hom OF 28c. RNJ RY WO	ACE OF DEATH (C) TO S C Residence	heck only	24s. WAS AN PERFOR 1 TYES 2	AUTOPSY MED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (d. a contributing to a M/)- HOSPITAL: 1 Inpatiant 2 280. DATE OF I (Morth, Da	OR AS A CON OR AS A CON death but no	SEQUENCE OF SEQUEN	28. PL OTHER: 4 Nursing Home OF 28c. NJI WOI NY M 1 Y	ACE OF DEATH (C) 5	heck only	24e. WAS AN PERFOR 1 YES 2 yone)	AUTOPSY MED?	URED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (d. a contributing to (M/) HOSPITAL: 1 Inpetient 2 28e. DATE OF ((Month, De) 28e. PLACE OF	OR AS A CON OR AS A CON death but no	SEQUENCE OF SEQUEN	28. PL OTHER: 4 Nursing Hom OF 28c. RNJ RY WO	ACE OF DEATH (C) 5	heck only	24s. WAS AN PERFOR 1 TYES 2	AUTOPSY MED?	URED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition LM PHU SE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datermined	DUE TO (d	OR AS A CON OR AS A CON OR AS A CON Death but no death but no	SEQUENCE OF SEQUEN	28. PL OTHER: 4 Nursing Home OF 28c. INJI IRY WOI M 1 Y reet, factory, office	ACE OF DEATH (C) 5 G Residence JRY AT RES 2 NO	heck only	24a. WAS AN PERFOR 1 YES 2 Y one) Wher (Specify) DESCRIBE HOW IN OCATION (Street a	AUTOPSY MED? JURY OCCUR MONTH MONT	OF Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition LM PHU SE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be daterminad 29a. CERTIFIER (Check only)	DUE TO (d	OR AS A CON OR AS A CON OR AS A CON In the control of the control	SEQUENCE OF SEQUENCE OF SEQUENCE OF Data resulting is 3 DOA 28b. TIME INJU home, term, at	28. PL OTHER: 4 Nursing Home OF 28c. Null NUT WO M 1 Y reet, factory, office	ACE OF DEATH (C) 5 C Residence JRY AT RES 2 NO	n Part I.	24s. WAS AN PERFOR 1 YES 2 Y one) Wher (Specify) DESCRIBE HOW IN Street a City or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED.	OVER FOR THE PROPERTY OF THE P	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datermined 4 Homicide determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	DUE TO (d	OR AS A CON OR AS A CON OR AS A CON In the control of the control	SEQUENCE OF SEQUENCE OF SEQUENCE OF Data resulting is 3 DOA 28b. TIME INJU home, term, at	28. PL OTHER: 4 Nursing Home OF 28c. Null NUT WO M 1 Y reet, factory, office	ACE OF DEATH (C) 5 C Residence JRY AT RES 2 NO	n Part I.	24s. WAS AN PERFOR 1 YES 2 Y one) Wher (Specify) DESCRIBE HOW IN Street a City or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED.	OVER FOR THE PROPERTY OF THE P	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition LM PHU SE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be daterminad 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SISNATURE AND TITLE OF CERTIFIER	DUE TO (d	OR AS A CON OR AS A CON OR AS A CON OR AS A CON INJURY INJ	SEQUENCE OF SEQUEN	28. PL OTHER: 4 Nursing Hom OF 28c. INJI WOI 1 Y reet, factory, office	ACE OF DEATH (C) 5 Residence JRY AT RK? ES 2 NO and place, and due ath occured at the	heck only S O 28d. I. C	24s. WAS AN PERFOR 1 YES 2 Y one) Wher (Specify) DESCRIBE HOW IN Street a City or Town, State)	AUTOPSY MED? J. No.	Or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO ute Number, and menner se stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datermined 4 Homicide determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	DUE TO (d	OR AS A CON OR AS A CON OR AS A CON death but no death but no death but no injury — At it. (Specify) my knowledge, amination and/	SEQUENCE OF SEQUENCE OF SEQUENCE OF Date resulting in the sequence of the sequ	28. PL OTHER: 4 Nursing Home OF 28c. INJI INV M 1 Y reet, factory, office	ACE OF DEATH (C) 5 S Residence JRY AT RK? ES 2 NO and place, and due esth occured at the	heck only a 0 28d. I	24e. WAS AN PERFOR 1 TYES 2 There (Specify) DESCRIBE HOW IN CATION (Street a Cause(a) and man lets and place, and	AUTOPSY MED? JURY OCC AND MED AND ME	or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ute Number, and menner sa stated. Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition EMPHUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datermined 29a. CERTIFIER (Check only one) 29b. SISNATURE AND TITLE OF CERTIFIER CONSTRUCTION OF CERTIFIER ON MEDICAL EXAMINE 29b. SISNATURE AND TITLE OF CERTIFIER ON MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (d. B CONTRIBUTING to (MA) HOSPITAL: 1 Inpettent 2 [3] 28e. DATE OF (Month. De) 28e. PLACE OF building, a	OR AS A CON OR AS A CON OR AS A CON Death but no death but no death but no INJURY — At to. (Specify) my knowledge, amination and/	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQUENCE OF SEQUENCE SEQUENCE OF SEQUENCE SEQ	28. PL OTHER: 4 Nursing Hom OF 28c. INJI WOI 1 Y reet, factory, office	ACE OF DEATH (C) 5 S Residence JRY AT RK? ES 2 NO and place, and due esth occured at the	heck only a 0 28d. I	24s. WAS AN PERFOR 1 YES 2 Y one) Wher (Specify) DESCRIBE HOW IN Street a City or Town, State)	AUTOPSY MED? JURY OCC AND MED AND ME	or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ute Number, and menner as stated. Month, Day, Year)	
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	1 - STATE REGISTRAR				F DEATH	WIE 14 17	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				DEMIN	2. DAT	E OF DEATH		3. TIME OF D	DEATH
	MICHAEL.	LUKE	117	TLEY		MON	M M		YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday		R IF UNDER 24 HRS.	7. DATI	E OF BIRTH	-	1991 6:03 8. BIRTHPLACE (State of	
1	215-82-8927	1XXM 2 🗆 F	31 YRS.	MONTHS DAY	8 HOURS MIN.	941	2-1961		Virginia	a Corongin
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOW	N OR LOCATION OF	DEATH		ec cou	NTY OF DEATH	
H	4500			1002.00		o E A I I I				
E	RESIDENCE OF DECEDENT	WOOD DR	IVE	AN	NAPOLIS			A1	NE ARUNI	كالتل
DIRECTOR	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LO	CATION				10d. INSIDE (CITY
ā	Maryland Anne A	rundel	An	napolis					1 VES 2	
¥	10e. STREET AND NUMBER				101, ZIP CODE			10g. CIT	IZEN OF WHAT COUNTR	Y7
FUNERAL	1503 Hickory Wood	Drive			21401-54	134		Uni	ted States	S
5	11, MARITAL STATUS 1. Never Married 2 Merried	FORCES? 1	ER IN U.S. ARMED	13. WAS I	ECENDENT OF HISP specify Cuber, Mexi	ANIC ORIGI	IN? (Specify Yes	or No-	14. RACE — American Black, White, atc.	Indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		ES XX NO Spec		Hican, atc.)		Specify:	
	The state of the s								Specify: White	2
1	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	(Give kind of	S USUAL OCCUP. work done during use retired.)	ATION most of working	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
7		College (1-4 or 5+) Vears				Ι.				- 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	years	Green	House M			private			
	Kenneth M. Hartle	77.7					Middle, Maiden			
8	19a. INFORMANT'S NAME (Type/Print)	У	406- 54411 104	C ADDRESS (C)	et and Number or Rura		Schmitt			
2	Kenneth and Frieda	Hartley	1		ah Road					0740
	20a. METHOD OF DISPOSITION	ridicity	20b. PLACE AND DATE						City or Town, State	0740
	1 Donation 5 Other (Specify)	al from State	cemetery, crematory or Metropoli	other placel		1			ia, Virgin	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	- icoroport	22. NAME	AND ADDRESS OF I	FACILITY				
	Harman By	no mid)4	Dona	ld V. Bor	gwar	dt Fune	eral	Home, P.A.	
-	KINGOO VI DI	yuu	a,	4400	Powder M	fill 1	Rd. Bel	Ltsvi	lle, Md. 2	0705
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	nplications that cause of	used the death. Do on each line.	not anter tha	mode of dying, su	ich as cer	rdiac or reapii	ratory an		imate I Between
	IMMEDIATE CAUSE (Fine)	SACALON	- 1,1,1,1,4	1000	Ar. I					and Death
	resulting in death) a		= INHA		1V	_				
		DOE TO (OR	AS A CONSEQUENCE	OF):						
NO N	Sequentially list conditions, b	OUE TO (OR	AS A CONSEQUENCE (NE).						
¥	If any, leading to immediate cause. Enter UNDERLYING			. ,.					i	- 1
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE (OF):						
CERTIFICATION	resulting in death) LAST									
5	PART II Other significant conditions	and all the state of the state								
DICAL	PART II. Other significent conditions of	contributing to dee	in but not resulting	in the underly	ing cause given i	n Part i.	24a. WAS AN / PERFORI		24b. WERE AUTOPS AVAILABLE PRI	OR TO
ă							1 YES 2	□ NO	OF DEATH?	OF CAUSE
Σ		<u> </u>							1 TYES 2	□ NO
Å.										
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	PLACE OF DEATH (C	check only o	ne)			
ΥS	1X X ES 2 ☐ NO 1 27. MANNER OF DEATH	☐ Inpatient 2 🗡 📆		4 - Nursing H	ome 5 🗆 Residence	_				
	1 Netural 5 Pending	(Month, Day, Ye	ar) IN	JURY	NJURY AT WORK?		SCRIBE HOW IN			
B	2 Accident Investigation	5 29			YES 2 X NO	+			HOUSE FI	RE
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (City	or Town, State)		or Rural Route Number,	. 1
Li,	29a. CERTIFIER	HOME-1		ORY WO					MARYLAND	
COMPLETED	(Check only 1 CENTIFYING PHYSICIA									
8	2 MEDICAL EXAMINER: 0	On the beets of examin	ation and/or investigati	on, in my opinion	, death occured at th	e time, data	a and place, and	dua to th	e cause(a) and manner a	s stated.
8	396. SIGNATURE AND TITLE OF CENTIFIER	(I) A	. 1		29c. LICENSE NU	JMBER		29d. DATE	E SIGNEO (Month, Day, Ye	ar)
6	The state of the	an It	44		OC	ME		0/85	30_	1003
-	So NAME AND ADDRESS OF HERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)				-	30	2773
	MARIO T. GOL	VE, JE	1111 Pe	nn Str	eet, Ba	ltim	ore,	Mary	land 21	201
	31. DATE FILED (Month, Day 12 1993	State Day	HOSON-Randel	2						
- 10	JUIN JUJJ									

BALTIMORE, MARYLAND 21215-0020



within

executed

2 certificate

death (

that the

requires

MP

The

PHYSICIAN:

ATTENDING

8

OX 68760,
B
P.O.
RECORDS,
VITAL
HON OF
DIVISIO

FOR STATE REGISTRAR 93 17382 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Herdlicka 0.5 Leslie Alan 19 1993 12:40 AM. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 481-70-9774 1 X M 2 F 04-05-56 CUAM 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR New Hampshire & Oakview Silver Spring Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 K NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13115 Superior St. use as the burial-transit 20853 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X X10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puarto Ric 1 ☐ YES 2 ☒ NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Contractor Construction at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumama) Laverne Andrew Herdlicka page 5 should be Fern Elizabeth Hansen BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rebecca Herdlicka 13115 Superior St.Rockville MD 20853 De. 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE director, p must Towa City. Towa 5-22 Iowa City Iowa 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Arlington Funeral Home the funeral · Peter I. Bovatos 3901 N Fairfax DR ARlington VA 22203 medical filled In by t 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate shock, or haart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disease or condition est attending physician and completely mal Hygiene prior to burial, cremative an OIL resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 e has been signed by the attend e Dept. of Health and Mental Hy m 23 shows any injury, or PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 💢 YES 2 🔲 NO r this certificate h Hem 26. PLACE OF OEATH (Check only one OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Other (Specify) e 5 🗆 Rasidence the 6 Street 27. MANNER OF GEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 05/18/1993 11:05P Driver in Truck/Pole After th . 1 YES 2 NO BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office .00 281, LOCATION (Street and Number or Rural Route Number, 8 Could not be DIRECTOR: John Safer of Item 28 is COMPLETED 4 Homicide Hampshire & Oakview 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2. MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. RE AND TITLE OF CERTIFIER BE 29d, DATE SIGNED (Month Day Year) D 05/19/1993 O.C.M.E. 2 ABURESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (April Print) ARON LOCKE MU 111 Penn Street, Baltimore, Maryland 21201 32. Egistrape signatura Pandelle MAY 2 6 1993

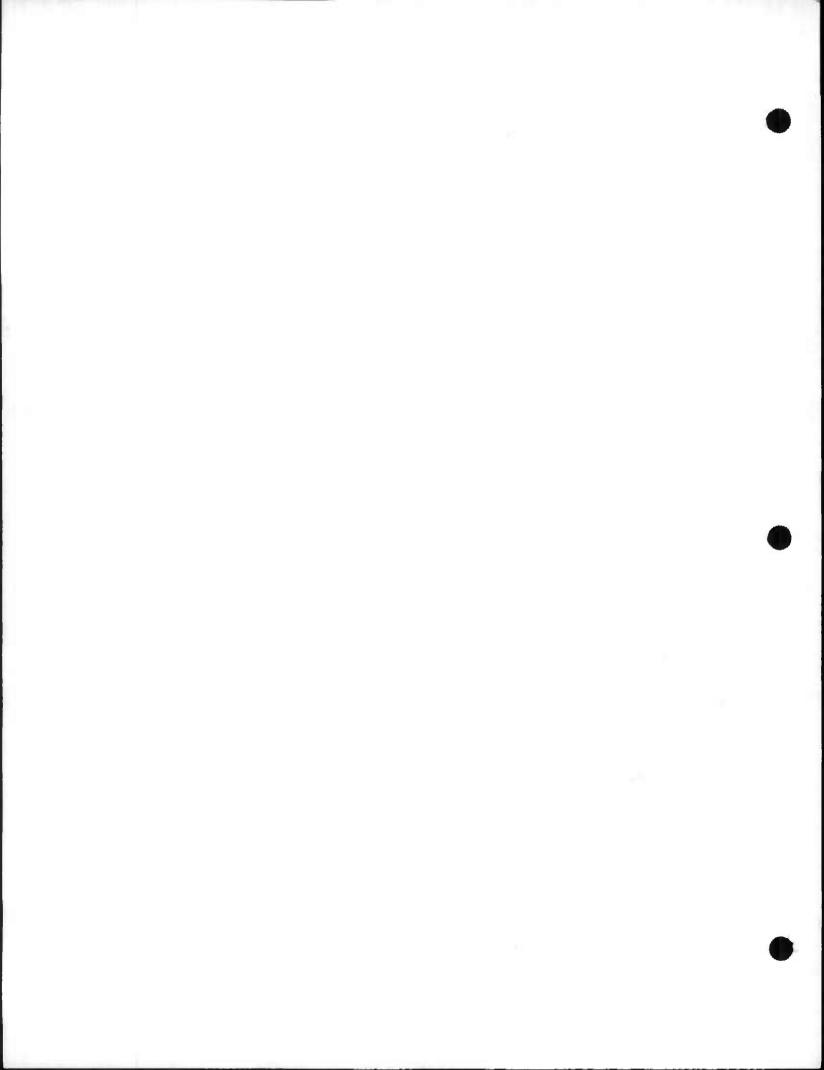
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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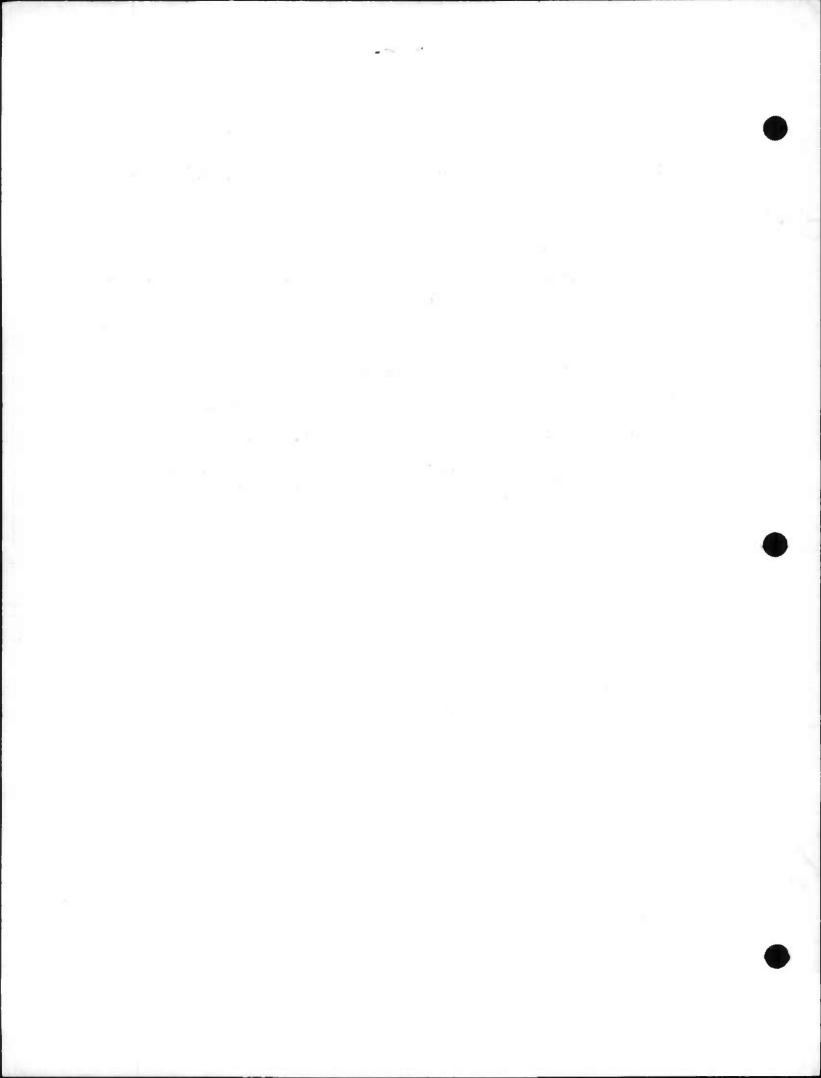
BALTIMORE, MARYLAND 21203-3146

り	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMO	BALTIMORE, MARYLAND
TO THE HOSPITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hosp	may be retained by the hosp
TO THE FUNERAL (TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and activities of the state of th	r, page 5 should be detache
IMPORTANT: If It	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	st be notified at once.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										3. TIME OF DEATN			
	Anna	Не	rbst							June :	2,	199	3	8:45 p.m.
	4. SOCIAL SECURITY NUMBER	R	5. SEX	5. SEX 6. AGE (In yrs. last						7. DATE OF (Month, De	6. BIRTNPLACE (State or F Country)			
	208-10-2600		1 🗌 M 2 💢 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	26,	1904		nsylvania
	9s. FACILITY NAME (If not institution, give street end number) 9b. CPRY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN												DEATN	
8	Shady Grove Adventist Hospital Rockville Montgomery													
5	RESIDENCE OF DECEDENT													
DIRECTOR		A rmet				ord C		TON						10d. INSIDE CITY LIMITS?
	Pennsylvania Armstrong Ford City 100. STREET AND NUMBER 100. CITIZEN O													1 X YES 2 NO
FUNERAL														
剪	806 6th Aven	ue												States
2	11. MARITAL STATUS 1 Never Married 2 M	larried	12. WAS DECEDER	1 YES	2 NO	H	yes, sp	ecity Cub	an, Maxice	NIC ORIGIN? (S on, Puerto Rica		or No-	14. RAC Blac	E — Americen Indien, k, White, atc.
BY	3 Widowed 4 Divorc		IF YES, GIVE	WAR OR DATE	ES	1	☐ YES	2 🔀 NO	Specif	y:			Spec	White
	15. DECED	DENT'S EDUC	CATION	11	ISa. DECEDENT'S	USUAL OC	CUPATH	ON		16b, KJ	ND OF BU	SINESS/IN	DUSTRY	
COMPLETED	(Specify only I Elementary/Secondary (0-1)	- 1	completed) College (1-4 or 5	(4)	(Give kind of life. Do NOT u	work done d ise retired.)	uring mo	st of work	ing					
7	10	-/	Somego (1.4 or o	'	Home	emake:	r				Own 1	Home		
S	17. FATHER'S NAME (First, Mide	die, Lest)						16. MOT	TNER'S NA	ME (First, Midd	lle, Melden	Surname)		
	Michael Hor	menda						Aı	nasta	asia Pe	elcza	ar		
BE (190. INFORMANT'S NAME (Typ	oe/Print)			19b. MAILIN	G ADDRESS	(Street	and Numbe	er or Rural	Route Number,	City or Tow	rn, State, Z	p Code)	20878
2	Helen Jurko	wski			581	nspi	rati	ion 1	Lane	, Gait	hers	ourg	Maı	ryland
	20e. METNOD OF DISPOSITIO			20ь. Г	PLACE OF DISPO	SITION (Nat	ne of ce	metery, cre	metory or		20c. LC	CATION -	City or T	own, State
	4 Donation 5 Other (S		OVali from State		y Trini	Lty Co	emet	ery			Ma	nor :	lowns	ship
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22. I	AME A	ND ADDR	ESS OF FA	cury	Fine	ral F	Iome /	/Rethesda-
	1-1	1.1	and _	- MC	00956	Chi Be	Ehes	Chas	sear	Inc.	2557	4₩1s8	onsi	Bethesda- in Avenue
	23. PART I. Enter the dis- ahock, or her iMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert feliure.	complications th			not enter		10	0	th as cerdled	_			Approximate interval Between Onset and Death
	resoning in death)		DUE TO	O (OR AS A	CONSEQUENCE	n:		-	1					
Z	Sequentielly list condition		b											
ATIO	if any, leading to immedicause. Enter UNDERLYIN	late	OUE TO	O (OR AS A C	CONSEQUENCE (OF):								
2	CAUSE (Disesse or injury		c	O (OR AS A C	CONSEQUENCE (DFI:								
Ē	thet initieted evente resulting in desth) LAST			0 (011 /10 /1 0		,.								
CERTIFICATION		-	d											
AL	PART ii. Other significen	condition	s contributing t	o deeth bu	t not resulting	in the un	derlyin	g ceuse	given in	Pert i. 24		AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	Anore	gne	epheli	pa	Elky_					1	_ YES	2 X NO		COMPLETION OF CAUSE DF DEATN?
ME	Kene	VE	Faiter	e	()									1 TYES 2 NO
_					V									
SIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	uoonimi.			T		LACE OF	DEATH (C	heck only one)				
Sic	1 ☐ YES 2 X NO		HOSPITAL:	☐ ER/Outpet	tient 3 🗆 DOA	4 Nun		ne 5 🗆 I	Residence	8 Other (S	ipecify)			
PHYSICIAN:	27. MANNER OF DEATN	N108/03	26e. DATE C (Month,	Day, Year)	28b. TI	ME OF	28c. IN	JURY AT ORK?		28d. DEŞCF	IBE NOW	INJURY O	CCUREO	
BY	1 Natural 5 P	ending westigation				М		YES 2	□ NO					
		could not be	28e. PLACE building	OF INJURY - g, etc. (Specif	— At home, ferm. (y)	, street, fact	ory, offi	CO .			ON (Street Town, State		er or Rural	Route Number,
COMPLETED	4 Nomicide d	etermined												
PL	Check only	FYINO PNYS	ICIAN: To the best	of my knowle	dge, dasth occu	rred at the t	me, dat	a and pled	ce, and du	a to the cause	(a) end me	nner ee al	ated.	
OM	one) 2 MEDIC	CAL EXAMINE	ER: On the besis of	examination	and/or Investigat	lon, in my o	pinion,	death occ	ured at the	e time, date en	d place, e	nd due to	the cause	(a) and menner ee atsted.
EC	29b. SIONATURE AND TITLE	о≠ сеятігів	N	11				29c. LI	CENSE NU	IMBER		29d. D/	TE SIGNE	D (Month, Day, Yeer)
0	Robert	1	1/0	sa o	ws			3%	2930	00		▶Jı	ine 3	3, 1993
2	30. NAME AND AGORESS OF	PERSON WI	O COMPLETED CA	USE OF DEA	TN (ITEM 27) (Typ.	oe, Print)		-				•		
							_							
1 1	Robert L. Go	ld, M	.D., 152	25 Sh	ady Gro	ove Ro	oad,	Roc	ckvil	lle, Ma	aryla	and 2	20850)
	Robert L. Go 31. DATE FILED (Month, Day, W		.D., 152	25 Sh	ady Gro	ove Ro	oad,	Roc	ckvil	Lle, Ma	aryla	and 2	20850)



		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 93 17384
5		1. DECEDENT'S NAME (First, Migdle, Last) Mystle 1000	2. DATE OF DEATH MONTH DAY YEAR 2. DATE OF DEATH MONTH DAY YEAR 1. Z A M
2		4. SOCIAL BECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 M 22 F 74 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/02/19 B. BIRTHPLACE (State or Foreign Country) Maryland
pinous T	TOR	HOUTE (IN not institution, give street and number) HOTOUR MEMORIES HOSPITAL HOUVE do C	
	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Cecil Pervville	10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO
an. ransit per	FUNERAL	100. STREET AND NUMBER 5 Bayscape Drive 21903	U.S.A.
5-0020 nding physician. ss the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxk 1 YES 2 NO Specific Company	offy: Specify:
2121 al or atte for use	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	166. KIND OF BUSINESS/INDUSTRY
MARYLAND 2 retained by the hospital 5 should be detached for netified at once.			IAME (First, Middle, Malden Surname)
MAR retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rura	
ALTIMORE, feath. Page 6 may be funeral director, page xaminer must be		Nathaniel James 5 Bayscape Dr. Pe 20a. METHOD OF DISPOSITION X Seurisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Beckley Cem	DATE 20c. LOCATION — City or Town, State 6-2 Darlington, MD
0 = 0		22. NAME AND ADDRESS OF Arnold Bear	rd Funeral Service
hours aft ad in by or remo		23. PART I. Enter the diseases or complications that ceused the deeth. Do not enter the mode of dying, au ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel	ich aa cardlac or respiratory erreat, Interval Between Onset and Death
760, ed within 2 ompletely al, cremati, event, th		disease or condition resulting in death) **CONGULT PEND TO (OR AS A CONSEQUENCE OF): **DUE TO (OR AS A CONSEQUENCE OF):	mony yes
OX 68 be executed and the for to bur traumatic	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	loscending Vosta obout
P.O. B h certificat anding phy Hygiene p or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	fre wints
ORDS, F that the death ed by the atter th and Mental any Injury, o	7	PART II., Other algnificant conditions contributing to death but not resulting in the underlying cause given in	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL RECOR le law requires that has been signed by Dept. of Health and	N: MEDIC	Old O Cerchin vasfehlar occident	OF DEATH?
DIVISION OF VITAL R OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 Is marked, or Item 23 s	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO 1 OTHER: 1 OTHER: 28. PLACE OF DEATH (C. OTHER) 1 OTHER: 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY	
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate his s after death with the State D 28 is marked, or Item	BY PHY	1 Netural 5 Pending (Month, Day, Year) NJURY WORK?	28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETED	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and du	City or Town, State)
TO THE HOSPITAL (TO THE FUNERAL (Be filed within 72 h IMPORTANT; If II	E COMPLET	2 MEDICAL EXAMINER: On the baels of axamination and/or investigation, in my opinion, death occurred at the	e time, deta and pieca, and due to the cause(a) and manner as stated.
TO THE DE THE PER PER PER PER PER PER PER PER PER PE	TO B	IN NAME and Address of Person WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	103 15/28/93
		THE DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUNE DAY 93 JUNE DAY OF THE PROPERTY OF THE PRO	MD YOLF
		JUN UT JU	



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	工	filed	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	8	Ξ

1993

Jan Sandon HOATER

31. DATE FILED (Month, MAY 27

										0	0 17005
	FOR STATE REGISTRAR	STATE OF M					EALTH AND		HYGIEN	E 9	3 17385
7	1. DECEDENT'S NAME (First, Middle, Last)			-1111	IVA	L 0.	DEATH	2. DATE OF			3. TIME OF DEATH
	Cornelia	Jac	rean					MONTH	DA		YEAR
	5 24 95										93 6:50 P M BIRTHPLACE (State or Foreign
	213-14-6161	1 🗆 M 2 💢 F	77	YRS.	MONTHS		HOURS MIN.	(Month, D	ay, Year)	_ [Country)
	9a. FACILITY NAME (If not institution, give st			*	Oh CIT	TOMON C	T I CONTION OF D	8-20	-191		Maryland
œ	The state of the s										
5	Salisbury Nursing	& Rehab	Center		Sa	lisbu	ry, Md.			Wicon	nico
3EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY
O	Maryland Wicomico Quantico										1 YES 2 NO
AL AL	10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?										
ER	Giles Lane 21856 U.S.A										
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian.										4. RACE — American Indian,
7	IL 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:										Black, White, etc. Specify:
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade		/6	ECEDENT'S	work done	durina mo	ON st of working	16b. Kil	ND OF BUS	INESS/INDU	STRY
"	Elementary/Secondary (0-12)	College (1-4 or 5+)) #/6	. Do NOT u	se retired.)						
MP	12 Domestic None										
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA				
B	Littleton Jack	son					Sophi				
0	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Geneva Corbin		8	101	Loci	ıst	St.Apt	.218	Phi1	a. P	a.19107
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cre	ematory or o	ther place)		OATE			ity or Town, State
	4 Donation 5 Other (Specify)		Quan	tic	o, Ce	emet			Qua	ntic	o, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		22.	NAME AN	O ADDRESS OF F	ACILITY	82	1 We	st Rd.
	Dladys T	3, Stew	var		Cı	Lint	on F.S	tewar	t-Sa	lis.	Md.21801
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that	ceused the de	eath. Do	not ente	r the mo	de of dylng, suc	ch aa cardlad	or respi	ratory arre	
	IMMEDIATE CAUSE (Finel	and only one cous	HE OIL BEICH HIM	o.							Interval Between Onset and Death
	disease or condition resulting in death)	. 8	PRIS	2							
		OUE TO (OR AS A CONSE	OUENCE O	p :				S/I		
Z	Convention the soundstane	s/	ADUA	Næd	1	sen	rea &)ane	ulia	-, CH	lpenc
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE O	F):						
2	CAUSE (Disease or Injury	<u> </u>									
#	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):						
444	resulting in deadily Exist	1									
L C	PART II. Other significant conditions	a contributing to c	death but not	resulting	In the u	nderiying	ceuse given in	Part I. 24	a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	Ux Divorte	culities							PERFOR	/	AMAILABLE PRIOR TO COMPLETION OF CAUSE
요								— '	YES 2	NO NO	OF DEATH?
2								-			1 - YES 2 DATO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C)	heck only one)			1
Sic	EXAMINER?	HOSPITAL:	ER/Outnationt 5	AOO II	OTHE	R:	e 5 ☐ Residence				
2.	27. MANNER OF DEATH	28e. DATE OF II		28b. TIM		28c. INJ		28d. OEŞCR		LIURY OCCU	IRFD
I		(Month, Day	y, Ybar)	IN.	IURY M	WO	RK?	-17/11-12/		indii.	
Y PHYSICIAN:	1 Natural 5 Pending	2 Accident Investigation Till YES 2 NO								nd Number o	2 12 14 1
ВУ	2 Accident Investigation	28e. PLACE OF	INJURY — At he	200 PLACE DE IN HIDY At home form officer officer officer of the Land Contract Co							
ВУ	2 Accident Investigation	28e. PLACE OF building, e	INJURY — At he rtc. (Specify)	ome, ferm,	street, rac	tory, office		City or Ti	own, State)	na maniper o	r Hural Houte Number,
ВУ	2 Accident Investigation 3 Suicide 6 Could not be determined	building, e	ntc. (Specify)					City or T	own, State)		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only	CIAN: To the best of n	my knowledge, de	eath occurr	ed at the	time, date	end place, and due	City or To	s) and man	ner as stated	1.
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of n	my knowledge, de	eath occurr	ed at the	time, date	end place, and due	e to the cause(s) and man	ner as stated	1. cause(e) end manner as stated.
BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only	CIAN: To the best of n	my knowledge, de	eath occurr	ed at the	time, date	end place, and due eath occured at the 29c. LICENSE NU	e to the cause(s) and man	ner as stated	1.

HEALTHWAY DRIVE, SALISBURY, MD. 21801

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DIRECTOR

FUNERAL

BY

COMPLETED

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After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

s marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, L DIRECTOR: A Pours after de I Item 28 is TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If Ite 23

	ehock, or heart feilure.	List only one ceuse on each line).			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PULMON?		Y EM.	302151	7
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. CORONA OUE TO (OR AS A CONSEI DUE TO (OR AS A CONSEI d.	RE	MAL NAL	FAIL	172
N: MEDICAL	PART II. Other significant condition	e contributing to deeth but not i	eaulting	In the underlying cen	uee given in Part I.	24a. WAS AI PERFO 1 YES
₹	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF OEATH (Check only o	nel .
HYSICIA	EXAMINER?	HOSPITAL: 1 Ninpatient 2 ER/Outpatient 3	□ DOA	OTHER:	□ Rasidence e □ Oth	
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending Accident Investigation	20s. OATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF URY WORK? M 1 YES	28d. 0E	SCRIBE HOW
	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, s	street, factory, office	261. LOC City	ATION (Street or Town, State
COMPLETED	onel	ICIAN: To the best of my knowledge, de ER: On the basis of examination and/or				

. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 5-28-9 ROBERTA M. JOHNSON 3. TIME OF DEATH Roberta Johnson 2:03p M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 8-2-09 5. SEX 6. AGE (In yrs. last birthday) IF UNDER ! YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 578-18-5144 83 WASHINGTON, D.C. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery General Hospital Olney Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12903 HATHAWAY DRIVE 20906 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, aic. 1 Never Merried 2 Marrie IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: 3 🔀 Widowed 4 🔲 Divorced WHITE 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 ACCOUNTANT U.S. TREASURY 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES HODGSON ESTELLE DAWSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CAROLE E. GIBSON (DAUGHTER) 17981 DUMFRIES CIRCLE OLNEY, MARYLAND 20832 20s, METHOD OF DISPOSITION
1 QBurlel 2 Cremetion 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 2 cancel 500 UNIVERSITY BLVD. SIL.SPR.,MD.20901 , W. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying Approximete Interval Between Hami-N AUTOPSY 24b. WERE AUTOPSY FINDINGS RMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 2 NO 1 YES 2 NO INJURY OCCUREO and Number or Rural Route Number, 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF GERTIFIER 29d. DATE SIGNED (Month, ► 5-28 Ma 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

13018 GEORGIA AVENUE WHEATON, MARYLAND 20906-5330

BE

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Rafael

31. DATE FILED (Month, Day, Year)

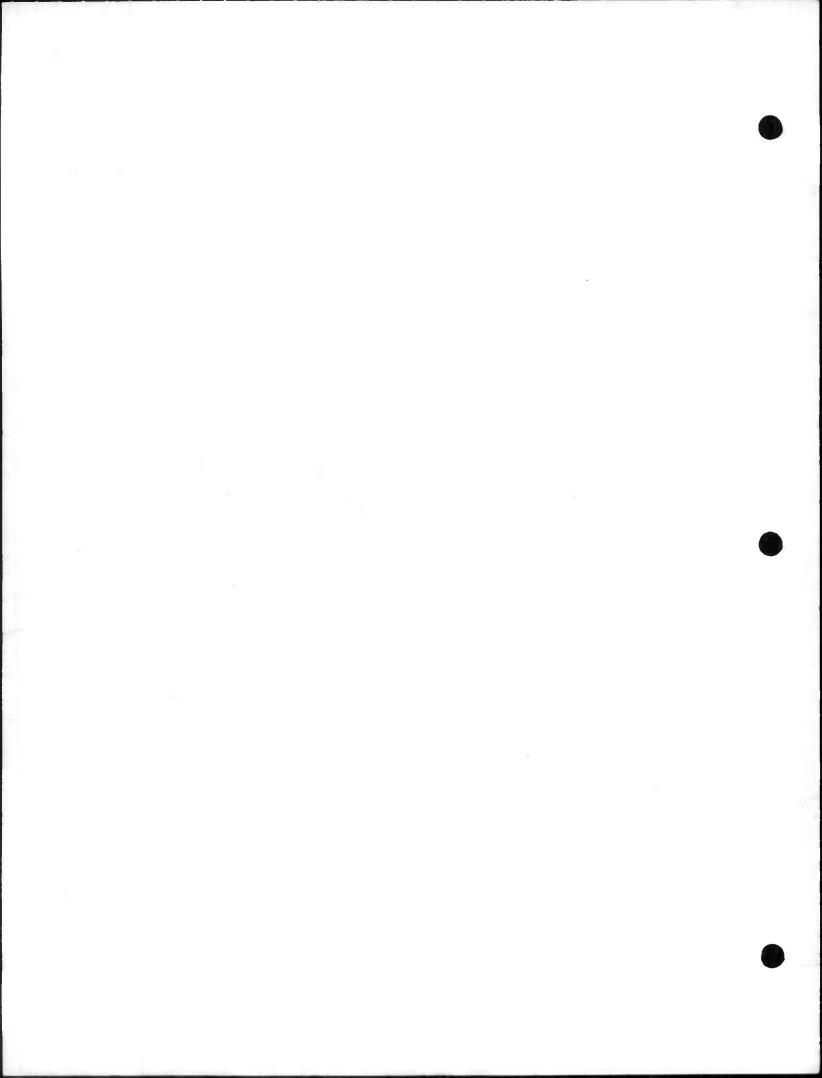
Matheus

1993

M.D.

32. REGISTRAR'S SIGNATURE

Julia Devidson-Randelle



)	3	1	7	3	8	-	

	REGISTRAR		CERT	FICATE OF	DEATH	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH		
- 1	HELEN L	UTZ JOH	INSON				5, 199			
	4. SOCIAL SECURITY NUMBER 028-24-1327	1 □ M 2 📡 F	6. AGE (In yrs. lest birthde 76 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 7.		PRTHPLACE (State or Foreignistry) TROY, N.Y.		
TOR	9a. FACILITY NAME (If not institution, give 15107 INTE RESIDENCE OF DECEDENT	street and number) RLACHEN	DR.#509		OR LOCATION OF DO	EATH	9c. COUNTY C			
DIRECTOR	10a. STATE 10b. COUNT	TGOMERY	10c.	STT.V	ER SPRING		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10s. STREET AND NUMBER		#509		01. ZIP CODE 20906		DE WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO	if yes, s	CENDENT OF HISPAL	NIC ORIGIN? (Specify Yer in, Puerte Rican, etc.)	s or No 14. F	IACE - American Indian, Black, White, etc.		
ETE	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Give kind	I'S USUAL OCCUPAT of work done during in Tuse retired.)		16b. KIND OF BU	SINESS/INDUSTR				
COMPL	17. FATHER'S NAME (First, Middle, Last)	5+	PHY	SICAL TH		ME (First, Middle, Maiden	ICROBIO	DLOGY		
BEC	GEORGE FRA 19a. INFORMANT'S NAME (Type/Print)	NKLIN LU		NO ADDRESS :-	JE	SSIE E.	WALKER			
임	ARNE J. JOHN	SON			and Number or Rural ITEM #10	Route Number, City or Tow	m, State, Zip Code)		
	20a. METHOD OF DISPOSITION 1 O Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DA certeley, cremetory, NATIONA	TE OF DISPOSITION (F	lame of	DATE 20c. LO	CATION - City of	r Town, State JRCH , VA .		
	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseasea, or shock, or heart failure	and y	MOOO caused the death. D	91 W. W.	CHAMBER	S CO. INC.	SILVER	20 R SPRING, M		
rion	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (C	PR AS A CONSEQUENCE	OF):				Interval Bett Onset and D		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	DR AS A CONSEQUENCE	OF):						
MEDICAL	PART II. Other algorificant condition Atrial Fill CAD HTN	ns contributing to d		g in the underlyl	ng cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	rck only one)				
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF II (Month, Day		TIME OF 28c. IN	me 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	0		
ETED B	3 Suicide 8 Could not be determined	26s. PLACE OF building, et	INJURY — At home, fan tc. (Specify)	n, street, factory, off	ice	28f. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,		
COMPLE	one) 2 MEDICAL EXAMIN	ER: On the basis of exa				to the cause(s) end mai		se(s) and manner as state		
BE C	296. LICENSE NUMBER 296. LICENSE NUMBER D+3202 296. LICENSE NUMBER D+3202 296. LICENSE NUMBER D+3202									
	The state of the s	hattard	3305 N.	Leisure	world	Bouleval	y wi	verspon		
	11 DATE PILED (MONTH) Day, 1647)	Julia Da	's signature vidson-Randal	L						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

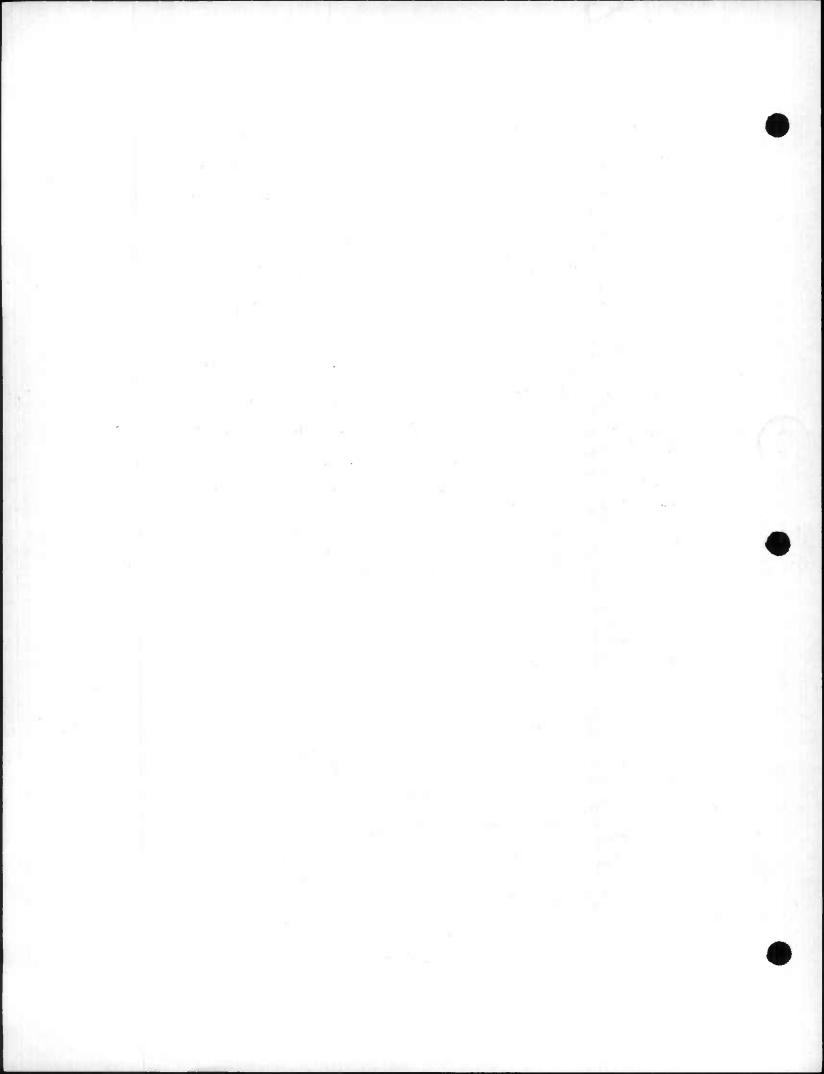
BALTIMORE, MARYLAND 21215-0020

BALTINORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 L. May 13 3:20 Russell Kaufman 4. SOCIAL SECURITY NUMBER 7. DATE OF SIRTH (Month, Day, Year) 12-10-29 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-26-1437 DAYS HOURS MIN 1 X4 2 F 63 Maryland 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 36 Georgetown Rd. DIRECTOR Walkersville Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10s. STATE 10d. INSIDE CITY Maryland Frederick Walkersville 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 36 Georgetown Rd. 21793 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexicen, Puarto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 Specify: white BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Heavy Equip Oper James Fritz Inc (Constr) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jacob Henry Kaufman Daisy Ida Mae Hewitt BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mrs. Mary Kaufman 36 Georgetown Rd., Walkersville, MD 21793 20e_METHOD OF DISPOSITION
1 Disputel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Lewistown Cemetery Lewistown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A. 100 P.O. Box 1819, Frederick, MD 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Intarval Between abook, or heart fellure. List only one cause on each line. **Onest and Death** IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ent 2 ER/Outpatient 3 DOA ne Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At homa, term, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, dete and place, and due to the cause(a) end manner as stated. BE 0 MD 915 32. REGISTRAR'S SIGNATURE

guna Kurkson-Randale



1. DECEDENT'S NAME (First,	Modelle Lead						DEA	111		HEG. NO.			
		leen Ke	efer						2. DATE O	DA		YEAR	7/20 P M
		5. SEX		last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BUTTU				LACE (State or Foreign
215-18-279	19	1 🗆 M 2 🔀 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	June	Day, Year)	191	2 Ma	ryland
		,			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
		norial .	Hospit	al	l Frederick						Frederick		
10a. STATE				10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
		Freder	ick		Frederick						1	LIMITS?	
Charles and a second of the second		101. ZIP CODE						10g. CITI					
	A 2005	Las								5.A.			
1 Never Married 2 Married FORCES? 1 YES 2				NO	1	If yes, sp	ecity_Cuba	n, Mexica	n, Puerto Ric		or No-		- American Indian, Whits, atc.
- 15		9,20,45E				1 123	1 11 110	ороспу	,			W	hite
(Specify only	highest grade	completed)		(Give kind of a	work done			ng					
Elementary/secondary (0-12) College (1-4 or 5+)						nplo	yed			roce	ry S	Store	9
						-	18. MOTI	HER'S NA	ME (First, Mic	ddie, Maiden	Sumame)		
		Ley											
		Linton		9032	-B I	s (Street a Hamb	urg	Rd.	Poute Number	eder	ick	Md.	21702
1 Burial 2 Cromatto		oval from State	20b. PLAC	E AND DATE (OF DISPOS ther place)	SITION (Na	nme of		DATE				
	CENTRO DE	ENSE	- Smit	hs bu	rg (POM NAME AN	1ato	ry S		93 8	mit	nsbw	rg, Md.
Pat			# MC	No.						d P.	A. 1	Fune	ral Home
						106	E (Chur	cch S	tee	Free	Me.	Approximate
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reaple shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Interval Between Onset and Death			
if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju													
		d	(OH AS A CONS	AS A CONSEQUENCE OF):									
PART II. Other algorifice	t resulting	resulting in the underlying cause given in Part I.					t I. 24s. WAS AN AUTOPSY PERFORMED? 24b.		6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
				1 YES									
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one)				
1 YES 2 NO		1 Impatient 2		_	4 🗆 Nun	sing Hom		sidence					
Natural 5						WO	PRK?	¬ NO	28d. DEŞCI	RIBE HOW I	NJURY OC	CURED	
3 Suicide 6	Could not be	28e. PLACE C building,	OF INJURY — At etc. (Specify)	home, farm, s	street, fact				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
													and menner as stated.
			Um	Investigation, in my opinion, death occured at the time, date a					29d. DATE SIGNED (Mogth, Day, Year)				
29b. SIGNATURE AND TITLE	OF CERTIFIEF	12,00	VIIV	0	1						> 3	5/9	193
30. NAME AND ADDRESS OF	PERSON WH	wor ,	nd ?		Print) U, SE	ever				EDERI	> 3	5/9	/93 21701
30. NAME AND ADDRESS OF BRIDE M. 1. 31. DATE FILED (Morith, Day.	PERSON WH	32. REGISTRA			Print) SE	EVE				EDERI	> 3	5/9	193
	4. SOCIAL SECURITY NUMBE 215-18-279 98. FACILITY NAME (II not in Frederice Frederice 108. STATE Maryland 109. STREET AND NUMBER 8938 Yel 11. MARITAL STATUS 1 Never Married 2 3 3 4 0 0 0 Elementary/Secondary (0 1.5 DEC (Specify on) Elementary/Secondary (0 1.7 FATHER'S NAME (First, M. Byron E. 1.8 DEC (Specify on) 199. INFORMANT'S NAME (First, M. Byron E. 1.8 DEC (Specify on) 190. METHOD OF DISPOSITI 0 0 0 0 0 0 21. SIGNATURE OF FUND TALL STATUS (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) 23. PART I. Enter the dishock, or he indicated events resulting in death) PART II. Other algnifice 25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 18. Natural 5 0 0 0 0 0 0 0 0 29a. CERTIFIER (Check only) 1 CERTIFIER (4. SOCIAL SECURITY NUMBER 215 = 18 = 2799 98. FACILITY NAME (II not institution, give s Frederick Merelick Me	4. SOCIAL SECURITY NUMBER 215-18-2799 9a. FACILITY NAME (If not institution, give street and number) Frederick Memorial RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Freder 10b. COUNTY Maryland Freder 10b. COUNTY Maryland Freder 10c. STREET AND NUMBER 8938 YelloW Springs 11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FORCES? IF YES, GIVE V. 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 1-2 years) College	215 = 18 - 2799 1 M 2 DEF 80 9s. FACILITY NAME (# not institution, give street and number) Frederick Memorial Hospit RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY Maryland Frederick 10s. STATE 10s. COUNTY Maryland Frederick 10s. STATE 10s. COUNTY Maryland Frederick 10s. STATE 10s. COUNTY Maryland Frederick 10s. STATE 10s. COUNTY Maryland Frederick 10s. STATE 10s. COUNTY Maryland Frederick 11s. MARITAL STATUS 12s. WAS DECEDENT EVER IN U.S. FONCES? 1 YES 2! If YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 16s. COUNTY 15. DECEDENT'S EDUCATION 16s. COUNTY 15. DECEDENT'S EDUCATION 16s. COUNTY 15. DECEDENT'S EDUCATION 16s. COUNTY 15. DECEDENT'S EDUCATION 16s. COUNTY 15. DECEDENT'S EDUCATION 16s. COUNTY 15. DECEDENT'S EDUCATION 16s. COUNTY 16s. METHOR OF DATE 16s. COUNTY 16s. METHOR OF DISPOSITION 16s. COUNTY 16s. METHOR OF DISPOSITION 20s. METHOR OF DISPOSITION 20s. METHOR OF DISPOSITION 20s. METHOR OF DISPOSITION 20s. METHOR OF DISPOSITION 20s. METHOR OF STATE 20s. PLACE OF INJUSY 20s. PLACE OF INJUSY 20s. DATE OF INJU	4. SOCIAL SECURITY NUMBER 215-18-2799 9. FACULTY NAME (II not institution, give street and number) Frederick Memorial Hospital PRESIDENCE OF DECEDENT 109. STRIET AND NUMBER 8938 Yellow Springs Road 11. MARITAL STATUS 10 STRIET AND NUMBER 8938 Yellow Springs Road 11. MARITAL STATUS 12. WAS DECEDENT FYER IN U.S. ARMED FORCES? 11 YES 2 NO 12 YES, GIVE WAR OR DATES 13. DECEDENT'S EDUCATION 14. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S (Give kind of to life Do Not' us life D	S. SCAL SECURITY NAME (IN Or Institution, give street and number) 1	S. SCIAL SECURITY NUMBER 215=18=2799 S. FACLITY NAME (If not institution, give street and number) Frederick Memorial Hospital Frederick Memorial Hospital Frederick Memorial Hospital Frederick Memorial Hospital Frederick Naryland Frederick 100. COUNTY Maryland Frederick 100. STREET AND NUMBER 8938 Yellow Springs Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PONCES? I YES 2 NO 17 yes, applied to the process of the yes, applied to the year of the yes, applied to the year of the yes, applied to the year of the yes, applied to the year of the yes, applied to the year of the year o	4. SOCIAL SECURITY NUMBER 215=18-2799 5. SEX 1 M 2 DF 80 YRS. 60	4. SOCIAL SECURITY NUMBER 215 = 18 = 2799 8. PACILITY NAME (I not institution, pive streat and number) 8. PACILITY NAME (I not institution, pive streat and number) 8. PACILITY NAME (I not institution, pive streat and number) 8. PACILITY NAME (I not institution, pive streat and number) 8. PACILITY NAME (I not institution, pive streat and number) 8. PACILITY NAME (I not institution) 8. STATE 100. COUNTY 100. STREET AND NUMBER 8. SAX No. STREET AND NUMBER 8. SAX SAX No. STREET AND NUMBER 8. SAX SAX	## ACOLAL SECURITY NUMBER ## ACOLAL SECURITY NU	A SOCIAL SECURITY NUMBER 215-18-2799 1 M 2 OFF 80 VTB. AND FOR THE DATE FLORED SETTING 100 COUNTY	## SOCIAL SECURITY MARKER S. SEX A. SEX (For the last controlled) F. URBERT STARK F. DATE OF BUTTING SOCIAL SECURITY MARKER S. DATE OF BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER TO ANTION BUTTING SOCIAL SECURITY MARKER SOCIAL SECURITY MARKER SOCIAL SECURITY MARKER SOCIAL SECURITY MARKER SOCIAL SECURITY MARKER SOCIAL SECURITY MARKER SOCIAL SECURITY MARKER SOCIAL SECURITY SECURI	## ASCAL SECURITY MARKER ***SCALA SECURITY MARKER ***ASCALA SECURITY SECURITY MARKER ***ASCALA SECURITY SECURITY SECURITY MARKER ***ASCALA SECURITY SECURITY SECURITY MARKER ***ASCALA SECURITY SECURITY SECURITY SECURITY MARKER ***ASCALA SECURITY SECU

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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

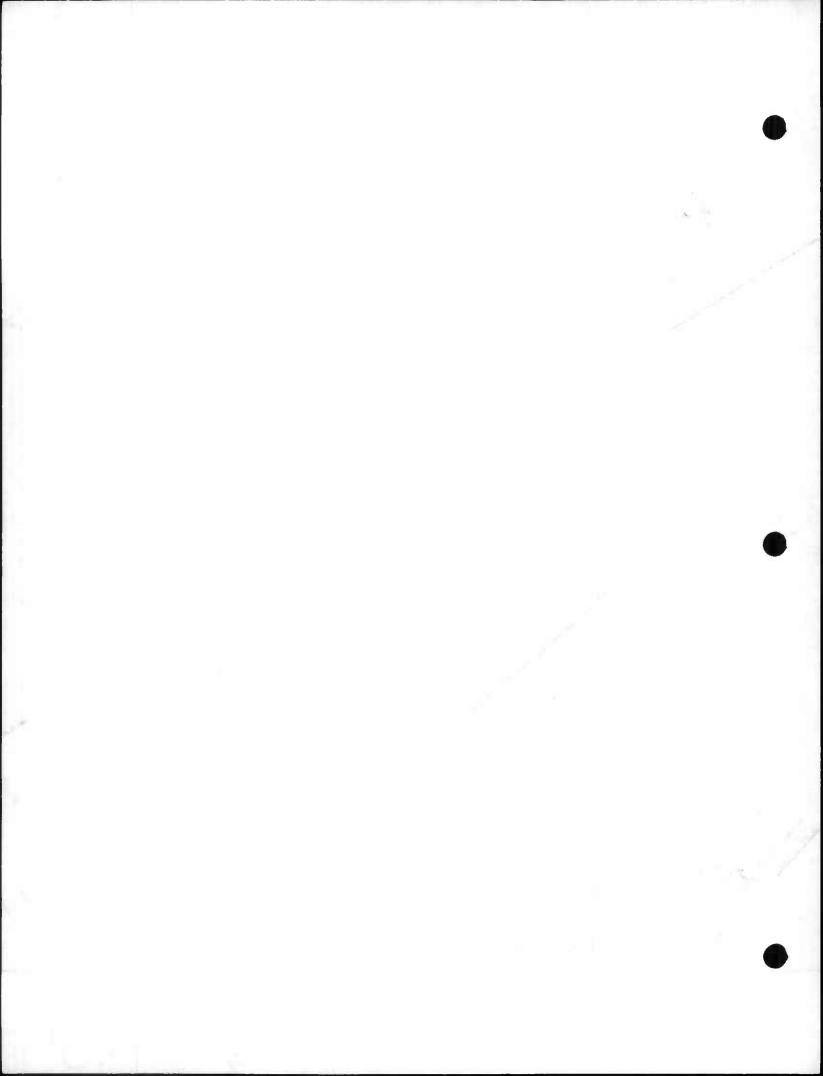
	REGISTRAR				OLITTIII	IVAII		DEATH			REG. NO.			
DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DE MONTH MONTH												W.	YEAR	3. TIME OF DEATH
	Thomas Step	hen Ke	efe, Sr.							May 27			TEAR	12:20 P. M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDE	V	IF UNDER 24 H	IRS.	7. DATE OF E	BIRTH	8. BIRTHP		HPLACE (State or Foreign
3	215-46-0990		1 🔀 M 2 🗆 F	47	YRS.	MONTHS	DAYS	HOURS M	HN.	May 29		145	Count	mington, D.C
	9a. FACILITY NAME (If not in	_	treet and number)			96. CITY	r, TOWN	OR LOCATION (, , 12		INTY OF	
H	3505 Toddsb	urv I.a	ine			01ne	V					Mont	tgome	orv
FUNERAL DIRECTOR	RESIDENCE OF DEC	EDENT				102116	- J					11011	Pome	- L y
H	10a. STATE	10b. COUNTY	Y			Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
5	Maryland	Monte	gomery		011	ney							1 TES 2 NO	
A	10e. STREET AND NUMBER	1					10	f. ZIP CODE				10g. CI	TIZEN OF	WHAT COUNTRY?
ᇤ	3505 Toddsb	ury La				20832				U.S	S.A.			
5	11. MARITAL STATUS	S. ARMED	13.	WAS DEC	ENDENT OF H	ISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian, ik, White, etc.			
	1 Never Merried 2	₩NO			ecity Cuben, M			n, etc.)		Spec				
184	3 Widowed 4 Divo										White			
	15. DEC (Specify only	EDENT'S EDU	CATION completed)	164	. DECEDENT'S	USUAL O	CCUPATIO	ON ost of working		16b. KJN	O OF BUS	SINESS/IN	DUSTRY	
4	Elementary/Secondary (0		College (1-4 or 5	+) Cc	ntract	se retired.)		or incinary						
2			5+				Spec	ialist		U.S.	Der	ot.	of Er	nergy
COMPLETED	17. FATHER'S NAME (First, M									NE (First, Middl				
BE	Michael Leo	Keefe						Anna 1	Nao	mi Jor	nes			
5	19a. INFORMANT'S NAME (7				1			and Number or F			-			
-	Diane D. Ke	efe			3505 1	Codds	bury	y Ln.,	01	ney, N	Mary	Land	2083	32
	20a, METHOD OF DISPOSIT		owni from State		ACE AND DATE	OF DISPOS	SITION (No			DATE				own, State
	4 Donation 5 Other		OVER HUM STATE	Gate	y, crematory or o	eaver	Cer	netery		5/29	Silv	er s	Sprim	ng, MD
	21. SIGNATURE OF FUNERA	L SERVICE CO	ZENSEE	2		22. NAME AND ADDRESS OF FACILITY								
Ò	> \	5 (5 20			-		l Funer						
	22 0407 54-45-4		100			10) E.	Deer 1	Par	k Dr.	, Ga:	Lthe	rsbui	rg, MD 20877
	23. PART I. Enter the di	eart failure.	Liet only one ceu	it ceused the	line.	not enter	the mo	de of dying,	such	as cardiac	or respi	ratory e	rrest,	Approximate Interval Between
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- 1											Onset and Death			
	disease or condition resulting in death)	→	. Pneumo	nia										
	disease or condition	→			NSEQUENCE O	F):								Onset and Death
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 hours are fauth. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

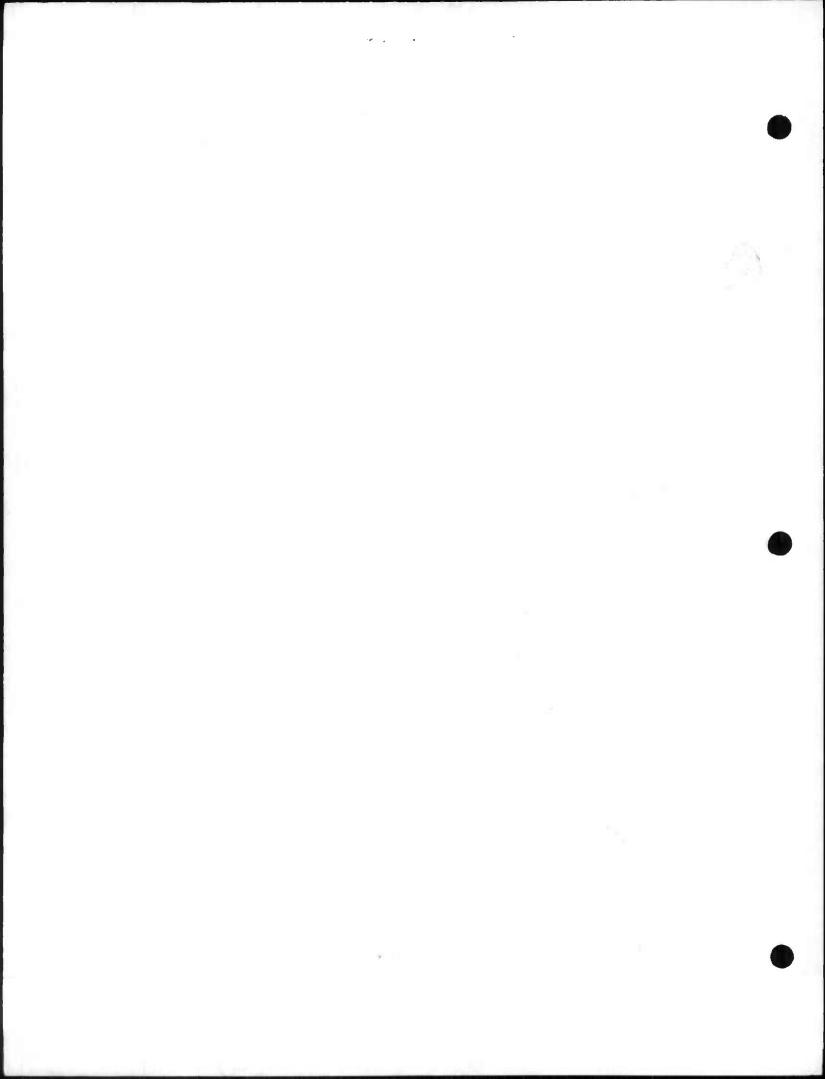
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR 1. DECEDENT'S NAME (First,	Addedo Annes			CERTIF	ICAT	E OF	DEA	I H	_	REG. NO				
			1 V a							MON			YEAR	TIME OF OEATH	
	上 y U . 4. SOCIAL SECURITY NUME	ia Vio	<u>1a Ke</u>	110.7	In yrs. lest birthdey)	JE LINDE	R 1 YEAR	IF UNDER	24 600	Jul	ne I, J	993		S:32 A. I	
	212 -76-4241		1 🗌 M 2 🖫 F	7.5		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		1917 MARYLAN			
	9a. FACILITY NAME (If not in		reet and number)			9b. CIT	Y, TOWN (OR LOCATI	ON OF DE		. 15,		MARYL TY OF DEAT		
OR	Physicians	Memor	ial Hosp	ital			T	aP1a	ta			Charles			
	RESIDENCE OF DEC	10b. COUNTY			10c CI	TY, TOWN				_		-			
DIRECTOR	MARYLAND	CHAR	LES			ARBU		ION						d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Ollin			10f. ZIP CODE					10g. CITIZEN OF				YES 2 X NO	
FUNERAL	ROUTE #224	TRIANG	LE LANE		20658					UNITED STA			ATES		
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN			13.	WAS DEC	ENOENT C	F HISPAN	IIC ORIG	IN? (Specify Yes			American Indian.	
B	3 Widowed 4 Divo		CES7 1 ☐ YES 2 MNO If yes, specify Cuban, Maxican, 1 ☐ YES TYNO Specify:						7 1 10 11 11 11 11 11 11 11 11 11 11 11 1		Specify:	BLACK			
BE COMPLETED	15. OEC (Specify only		16a. DECEOENT'S	USUAL	CCUPATIO	ON		16	b. KIND OF BUS	SINESS/INDU	ISTRY	DLACK			
	Elementary/Secondary (0	College (1-4 or 5	(Give kind of work done during most of					יטר							
	7TH GRADE	HOME M	AKER				丄	PRIVA'	TE						
	17. FATHER'S NAME (First, M.								Middle, Maiden						
	MORGAN FORD		10h MAII IM	ADORES	C (Ctmat o				NSON FO						
٤	MARY JOHNSO	100									RYLAND	n, smm, 210 t			
ı	20s. METHOD OF DISPOSITE	ION			PLACE AND DATE	OF DISPO	SITION (Na	me of		DA	TE 20c. LO	CATION C	Ity or Town,	State	
	4 □ Donation 5 □ Other	(Specify)		ZI	ON "BAPT	IST (HURC	CH CE	M. 6	5/5/	93 HILI	LTOP,	TOP, MARYLAND		
	21. SIGNATURE OF FUNERA	L SERVICE LICE	hant	7 (h	operso	Z 22.	NAME AN	D ADDRE	SS OF FA	CILITY					
_	Lybia c.	THORN		No.	.,	TI	IORNI	CON'S	FUN	IERA	L HOME	, POMO	ONKEY	, MARYLANI	
	23. PART i. Enter the di ahock, or he	seeses, or co eart failure. L	omplications the	t ceused use on ea	the death. Do	not ente	the mo	de of dy	ing, auci	h es ca	rdiac or respi	ratory arre	st,	Approximata Interval Between	
	IMMEDIATE CAUSE (Findisease or condition	iei	COL	16=0		HE	007	FA	1111	05				Onset and Daath	
	resulting in death)	→ .	DUE TO	(OR AS A	CONSEQUENCE	/ C/	712 /	11	124	KL					
z			CON CHIZ	ONI	C ATK	214	- F	LBI	214	LA	77 0 N				
일	Sequentially list conditi if any, leading to immed	ona,	DUE TO	(OR AS A	CONSEQUENCE C	F):									
[]	cause. Enter UNDERLYI CAUSE (Disease or inju	ng c	M 40	C-/7/	P.DIAL	F	SCA	EM	11	,					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSIVE CARPIO UNSCULAR DISEASE														
- 11	DADT II Other classificant conditions condition														
S	ARTH			desth bu	ut not resulting	in the u	nderlying	cause (given in	Part i.	24a. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE	
MEDI	GALL -										1 TYES 2	₩O	OF	DEATH?	
													1 10	YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			,		ACE OF D	EATH (Ch	ck only o	one)				
X	1 TYES 2 THO		1 Inpetient 2		ntient 3 DOA	4 Nu		e 5 🗆 Re	sidence	8 🗆 Oth	er (Specify)				
PH	27. MANNER OF DEATH	Pending	26a. DATE OF (Month, D		28b. Til	IE OF JURY		RK?	- W.S.	28d. DE	SCRIBE HOW II	NJURY OCCL	JRED		
è l	2 Culate	investigation	28e. PLACE O	F INJURY	- At home, farm,	street, fac		'ES 2 [] NO	28f. LO	CATION (Street a	and Number o	v Aunt Boute	Number	
ETED		Could not be detarmined	building,	etc. (Speci	ify)				l		or Town, State)	ing riginour g	TIOTAL FROME	rionion,	
ן ג <u>י</u>	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowle	edge, death occur	ed at the	lime, data	and place.	and dua	to the ca	evse(a) and men	ner se state	d.		
COMPL														d menner as stated.	
w II	29b. SIGNATURE AND TITLE	OF CERTIFIER			0			29c. LICE	NSE NUN	IBER		29d. DATE	SIGNEO (Mo	onth, Day, Year)	
0	amelia	2 6.	del	10	3 M	D		D1	6160		_	10	6-01	-93	
F	30. NAME AND ADDRESS OF				тн (ITEM 27) (Тур	, Print)						-			
- 1	Aurelio C. DeLaPaz, M.D., P. O. Box 1230, LaPlata, Maryland 20646														
	31. DATE FILED (Month, Day,	Whar!	32 PECIETRA	Big SIUM	TURE	1230	, La	riat	a, M	ary	tand 2	:0040			

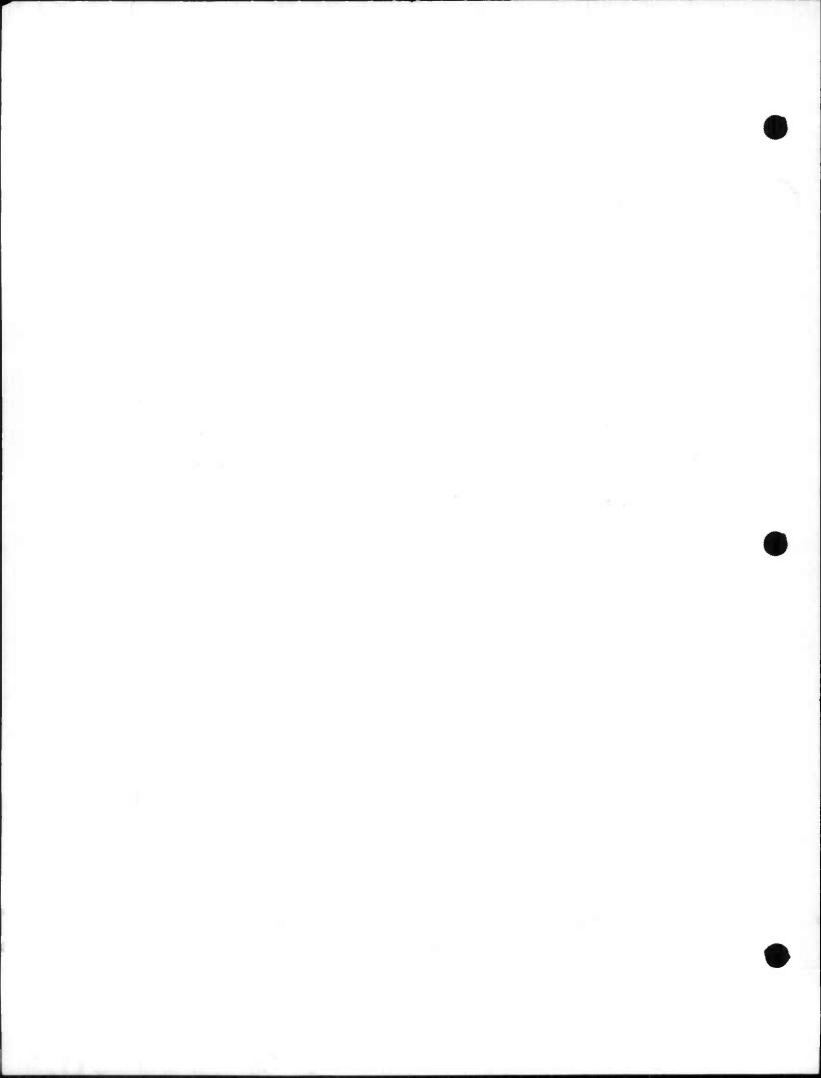


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	of permit. Pa
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

Dr. M 16 14 REL 31. DATE FILED (MONTH, Day, Year) MAY 2 D 1993

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A		RTMENT				MENTAL	HYGIEN	E -	3	7392
	1. DECEDENT'S NAME (First, Middle, Last)					-			2 DATE	OF OEATN			3. TIME OF DEATH
1	GUY L.			U	00 .	/	,		MONTH	D	AY	YEAR	
1	4. SOCIAL SECURITY NUMBER	5, SEX	a ACE (In fo		ZNF	1//		-0-5/2UI	-	14 36	0, 14	93	0830 M
	212 16 7847		6. AGE (In yrs. la		MONTHS 1	DAYS	HOURS	R 24 HRS.	7. DATE (Day, Year)	′	8. BIRTHE Country	PLACE (State or Foreign
1		1 🔀 M 2 🗌 F	87	YRS.				1-1	12-29	1905		Md.	
_	9a. FACILITY NAME (If not institution, give s							TION OF DEATH 9c. COUNTY OF DEATN					ATN
DIRECTOR	PENINSULA REGIONA	L MEDICA	L CENTE	ER SALISBURY WI						VICOM:	ICO		
5	RESIDENCE OF DECEDENT		10c. CITY, TOWN OR LOCATION										
12	100.00011						ION						10d. INSIDE CITY LIMITS?
	Md. Wicon	nico			Delman	r							YES 2 NO
4	10e. STREET AND NUMBER					101.	ZIP COD	DE		_	10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	211 E. Spruce St						2187	' 5			US.	A	
5	11. MARITAL STATUS	12. WAS OECEDEN FORCES? 1	LEVER IN U.S. AF	RMED	13. WA	S DECE	ENDENT	OF HISPAN	VIC ORIGIN	(Specity Yas	or No—	14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1		NO	It y	98, spe	elty Cub	an, Maxica Specify	in, Puerto R	ican, etc.)	27.12	Black,	White, atc.
B	3 📉 Widowed 4 🗌 Divorced	WW II			''	163	2 A) NO	Specify	y -			Specify	White
8	15. DECEDENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL OCC	UPATIO	N .		16b.	KIND OF BUS	SINESS/INI	DUSTRY	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Mile	ive kind of Do NOT u			st of work	ing					
7	12		· .		Offic	ce			E.	I. D	uPOn	t Co.	
COMPLET	17. FATNER'S NAME (First, Middle, Last)						16. MO1	NER'S NA	ME (First M	iddle, Maiden	Sumamal		
	Harry S. Keenan					- 1				ylor		an	
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street ar							
2	Timothy C. Keenar	า			. Spri							0 (0008)	
	20a. METNOD OF DISPOSITION							Det	7				
	1 X Burlet 2 Cremation 3 Remo	oval from State	cemetery cre	ematory or o	of disposition of the colors o	UNINA	me or		DATE	1000		City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC	FNSEE	Cambi	Tuge				ESS OF FAC		Cam	Dria,	ge, M	ıa.
	. 11	/	1// , ,	,						Inc.			
	Aullow	M. L	ent/								199	40	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart failure. I	list only one cau	ise on/each line	9.									Interval Between Onset and Death
	disease or condition	(oft	00 1500	lama	- Am (1	3	60	mra	0				Onset and Death
	resulting in death)	DUE TO	ION AS A CONSE	DUENCE O	Fi: A		0 /1	100	enc				
-		Ceft of DUE TO	FO	-A -A		05	0110	la	Anto	uru	200		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	FI:				,,,,,	8-	3(
¥	cause. Enter UNDERLYING	A	-CC U	0									j
프	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
	resulting in death) LAST												
빙		•											+
A.	PART II. Other significant conditions							given in	Part I.	24e. WAS AN PERFOR	AUTOPSY		WERE AUTOPSY FINDINGS
일	SIP AORTO BI	CHRON.	6	RA	TING					1 TYES 2	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᇦᅵ	(CODD . (CHRON	is ur	- MX	zu st	Re	ilia	ā			Maria		OF DEATH? 1 □ YES 2 KNO
	W MRS.	2	10-00	0					-				I L YES ZIENO
A	25. WAS CASE REFERRED TO MEDICAL		ayoung	10	INF	26 PL	ACE OF I	DEATH (Cha	ick only one				
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	EB/Outpetient 2	□ pos	OTHER:								
¥	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	4 Nursing	c. INJU	-	esidence		(Specify)			
	Netural 5 Pending	(Month, D.			URY	WOR	RK?	7 110	280. DESI	HIBE NOW II	NJURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicide	28a PLACE O	F INJURY At ha				ES 2 [
8	4 Homicide B Could not be	building,	atc. (Specify)	rito, tarrit,	street, tactory	, ornea			City o	TION (Street a Town, State)	nd Number	or Hural Ro	ute Number,
COMPLET	29a. CERTIFIER												
를	(Check only CERTIFYING PHYSIC	MAN: To the best of	my knowledge, de	eth occum	ed at the time	, deta a	and place	, and dua	to the caus	e(a) and man	ner aa stal	led.	
Ö	2 MEDICAL EXAMINER	t: On the basis of a	ramination and/or	Investigation	n, in my opin	ion, de	sth occu	red at the	time, data a	nd place, an	d due to th	e cause(a)	and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				-		29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNED (Month, Day, Year)
8		ma	20	40			D	39	813		•	5%	26/93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)			,	- 1				

ATKINS - 1104 HEALTHWAY Dr. Sal Md. 2/80, July Landson Mandelle



or attending physicia	use as the burial-tr	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tr be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	ified at once.
th. Page 6 may be re	eral director, page 5	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
in 24 nours after deal	ely filled in by the fun lation, or removal.	, the medical exam
ite be executed with	ysician and complete prior to burial, crem	traumatic event,
hat the death certification	f by the attending ph and Mental Hygiene	ny Injury, or other
f: The law requires t	cate has been signed state Dept. of Health	Item 23 shows a
TENDING PHYSICIAN	OR: After this certifi	8 Is marked, or
HE HOSPITAL DR AT	d within 72 hours a	RTANT: If Item 2
TO T	TO The file	IMP

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO		3	173	93	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATN			3. TIME OF DE	ATN	
		nristie	KEEGAN			Jun		1993	YEAR	1:15	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			B. BIRTN	IPLACE (State or	Foreign	
	091-22-0152		68 YRS.	MONTHS DAYS	HOURS MIN.		31, 1	925	Mary	vland		
~	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOW	OR LOCATION OF				NTY OF D	EATH		
DIRECTOR	Garrett County Me		ital		akland			Gar	rett			
8	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	R LOCATION 10d						ry	
	MD	Garrett			0akl	and				LIMITS?	NO	
FUNERAL	10e. STREET AND NUMBER				of. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?		
N N	204 North Fourth		215	550			US	A				
5	11. MARITAL STATUS 1 Never Merried 2 Merried	13. WAS D	CENDENT OF HISPA	ANIC ORIGIN?	(Specify Year	or No-	14. RACE Black	— American inc.	dlen,			
BY	3 X Widowed 4 Divorced	S 2 X NO Spec				Specif						
	15. DECEDENT'S EDUC	TION	1405	(IND OF BUI	1		MILT	-e				
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us	work done during	nost of working	160, 1	(IND OF BU	SINESS/IND	USTRY			
PL	, , , , , , , , , , , , , , , , , , , ,	1	Shift	Super	visor		Nursi	ng Ho	me			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N							
BE C	Norman Irvi	ing Broa	dwater		Jess		Jun		(IIn	known)		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	and Number or Rura			-		TRITOWIT?		
2	Roger A. Keegan				h St., C					1550		
- 1	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	20	b. PLACE AND DATE O	OF DISPOSITION /	iame of	OATE		CATION -				
	4 Donetion 5 Other (Specify)	OPEN FROM State CO	Oakland C	her place) Cemeters	7	6/9						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	1 Bradley A. S	Military			wart Fun			e akland, MD 21550				
	23. PART I. Enter the diseases, or c	omplications that cause	od the death. Do n									
	SHOCK, Dr Haart failura.	List only one cause on	each line.	ot emai the h	oue or dying, su	on as cerdie	ec or respi	Approxin	Batween			
	iMMEDIATE CAUSE (Finel disease pr condition	hilatora	1 pneumon	เรื่อ						Onset sr		
4	resulting in death)	0	A CONSEQUENCE OF							2. 0.0	173	
- 1	-		mphysema		nercanni	a and	hypo	xemia	1	year	rs	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate		A CONSEQUENCE OF		Politaria		, [700.	-	
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury	•								İ		
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						1		
E .	resulting in deeth) LAST	r										
	PART II. Other significent conditions	s contributing to death	but not resulting i	n the underlyl	o course alves in	Don't la	4a. WAS AN					
CAL	acute hypomani		out not resulting in	in the underly	ig cause givan ir		PERFOR	MED?	24b.	WERE AUTOPSY I	TO	
	malnutrition					— ¹	YES 2	NO		COMPLETION OF OF DEATH?	CAUSE	
Σ										1 TYES 2	NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28.1	H ACE OF DEATH (C)	A						
200	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C							
Ħ	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIME		me 5 Residence		Specify)	1 11 12 000	11050			
	1 Naturel 5 Pending	(Month, Day, Year)	INJU	JRY W	ORK? YES 2 NO	280. OESC	HIBE HOW II	NUMP OCC	UNED			
BY	Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, term, st			28t LOCAT	ION (Street a	nd Mumbar	or Pumi B	nute March		
	4 Homicide determined	building, etc. (Spe	oify)			City or	Town, State)	no Number	or Hursi Ho	oute Number,		
9 1	290. CERTIFIER											
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the bast of my known: 3: On the basis of examination	viedge, death occurre	d at the time, dat	e and place, and du	e to the cause	(s) end man	ner es state	d.			
			The state of the s	i, in my opinion,			nd place, en	d due to the	couse(s)	end manner ee	stated.	
BE	296. STONATURE AND TITLE OF CERTIFIER	LaV.	74	11	29c. LICENSE NU					(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	elle.	100	D26650	6650						
	9				001:10:-1	MD 2	1550					
,	Margaret A. Ka 31. DATE FILEO (Month, Day, Year)		.O. Box 4	00	Oakland,	MD 2.	TOOU					
10	JUN - 8 1993	32. PEGISTRAP'S SIGN	n- Andres									

93

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Sylvan

9e. FACILITY NAME (if not institution, give street and number)

4. SOCIAL SECURITY NUMBER

128-20-9505

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1993

31. DATE FILED (Month,

9	DIRECTOR	15716 Allr		ane			Burtor	sville		Mor	tgomer	у	
	<u> </u>	10e. STATE	10b. COUNT	Y	-	10c. CITY,	TOWN OR LOC	ATION			10d	INSIDE CITY	
		MD	Mont	gomery		Bur	tonsvi	11e				LIMITS?	
E E	3AL	100. STREET AND NUMBER					1	Of. ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?	
an.	FUNERAL	15716 Alln	utt La		_			20866			ed Sta	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? States Slack, White, etc. Poochy: White White Y Ppt. Forms 20866 * Town, State Maryland Approximate intarval Between Onset and Daat Completion of Cause of Death? 1 Yes 2 No	
be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit e notified at once.	B≺	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE			ES 2 X N	NO If yes, specify Cuben,			lexican, Puerto Rican, atc.) Blac			ille, etc.	
aften use as	TED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	/0/	ve kind of wor	BUAL OCCUPAT	TION post of working	16b. KING	OF BUSINESS/INC			
ospital or ched for a.	APLET	Elementary/Secondary (t)-12)	College (1-4 or 5 +)	life.	Do NOT use I	mploye		Medical Appt. For			Forms	
d by the h	_	Reuben Kra	vitz						AME (First, Middle a Golub	, Meiden Surneme) itsky			
be retained ge 5 shoul e notifie	10	Henrietta		-Knorr				end Number or Rum. t Lane,				66	
rector, pa		20a. METHOD OF DISPOSIT 1 Denties 2 Comments 4 Donation 5	n 3 🗆 Rem		20b. PLACE A competery, crea Fort	nd DATE OF	DISPOSITION (F	wama of matory 5	/31/93	20c. LOCATION - Brentwo			
ter death. Page 6 may be the funeral director, page wal.		Commercial 2 Commercial Commerc											
executed within 24 is and completely fille to burial, cremation, matic event, the	ERTIFICATION	23. PART i. Entar tile dishock for himmediate CAUSE (Firdisease or condition resulting in death) Sequantially list condit if any, laading to immecause. Entar UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	ions, diata	a. DUE TO (OR /	AS A CONSECUENT	DUENCE OF):	Can					intarval Between	
signed by Health and Ws any		PART II. Other significa	nt condition	a contributing to deat	h but not ra	asulting in	tha underlyli	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	COM	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
he law reque has been te Dept. of Im 23 sho		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			26. F	PLACE OF DEATH (C	heck only one)				
SICIAN: The certificate h h the State I d, or item	YSIC	1 YES 2 NO	Outpatient 3	OTHER:				(Specify)					
g PHYSIC er this ce th with th	>		Pending Investigation	(Month, Day, Yel		28b. TIME C	YW	JURY AT ORK? YES 2 NO	26d. DESCRIB	E HOW INJURY OCC	CURED		
ATTENDING CTOR: Afte s after deal	# INTERTED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	3 Suicide 6	Could not be setermined	28e. PLACE OF INJ building, etc. (URY At hor Specify)	ne, ferm, stre	et, factory, offi	Ce	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
THE HOSPITAL OR ATTENDING I THE FUNERAL DIRECTOR: After filed within 72 hours after death IPORTANT: If item 28 is mai	OMPLE			CIAN: To the best of my ki								menner as stated.	
TO THE HOSPIT TO THE FUNER DE filed within 7	B	-	ØF CERTIFIER					29c. LICENSE NU D2 6					

Kaye

6. AGE (In yrs. last birthday)

63

5. SEX

1 - M 2 - F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

17394 93

3. TIME OF DEATH

Pennsylvania

> Approximate interval Between Onset and Death 6 mo

202

DEATH (ITEM 27) (Type, Print)

32 AEGISTRAN'S SIGNATURE CANCELLE

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH Montgomery

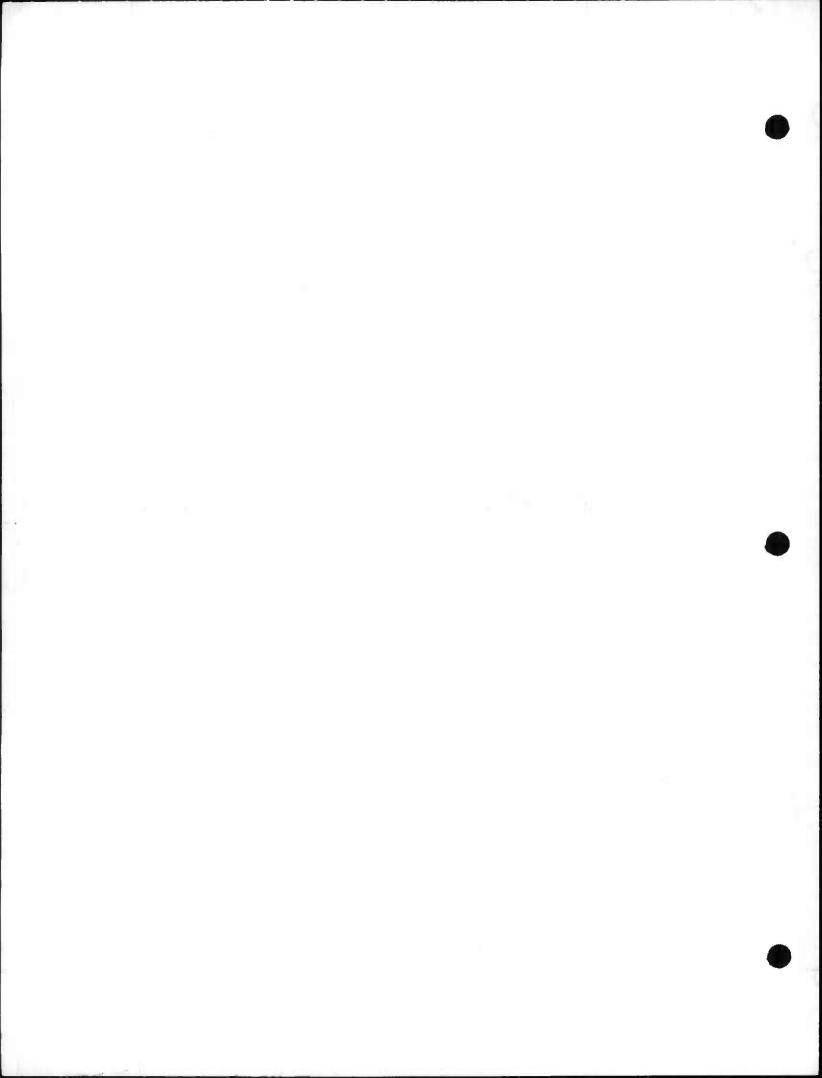
10:27 PM M

REG. NO.

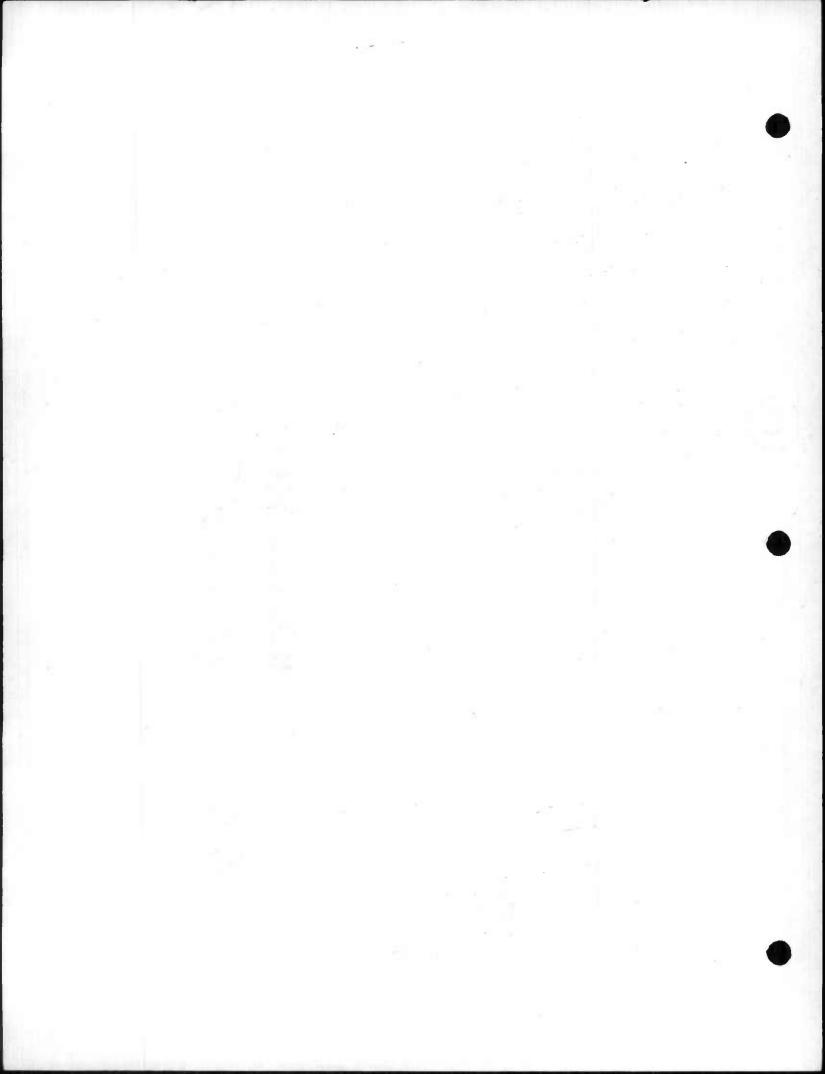
2. DATE OF DEATH MONTH 5/30/93

7. DATE OF BIFTTH (Month, Day, Year) 12/11/29

DHMH-18 Rev 1/89



	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
- 1		Ellen	Leit	h				5	12	93	9 a	
	4. SOCIAL SECURITY NUMBER 212-24-3639		AGE (In yrs. last		MONTHS DAY		ER 24 HRS.	7. DATE OF Bill (Month, Day,		6. BIRTHI Country	PLACE (State or Foreign	
		1 - M 2 X F	65	YRS.				10	24 27		vland	
or	9e. FACILITY NAME (If not institution, give :				9b. CITY, TOV	N OR LOCA	TION OF DI	EATH	9c. C	OUNTY OF DE	EATH	
DIRECTOR	C103 Waverly	Gardens			Fre	deri	ck		Fr	ederi	ck	
EC	10a. STATE 10b. COUNT	γ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
DIA	Md. Fre	derick		F	reder	ick					LIMITS?	
AL	Md. Frederick Frederick 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF										HAT COUNTRY?	
ERAL	C103 Waverly Gardens 21701 U.S.											
FUN	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARK	IED				IIC ORIGIN? (Spen, Puerto Ricen,	city Yea or No-	- 14. RACE	- American Indian, White, atc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 N			arc.)	Specif	y:	
ED B	Midowed 4 Divorced										white	
ETE	15. DECEDENT'S EDL (Specify only highest grade	completed)	(G/A	e kind of	USUAL OCCUP work done during se retired.)		rking	16b, KIND	OF BUSINESS	INDUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)						A	. 1			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Lin	e W	OIK	16. MC	THER'S NA	ME (First, Middle,			r parts	
	Thomas Lydard							e Nich		-,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Str			Route Number, Cit		Zip Code)		
5	Sandra Turner			103							.21701	
	20a. METHOD OF DISPOSITION		20b. PLACE C	F DIAPO	SITION (Name o				20c. LOCATION			
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	other ple		onoca	v			Beall:	svill	ь Ма	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAM	E AND ADDI		CILITY		3 7 1 1 1	<u> </u>	
	> 11M C Kil	At-						eral H	ome			
	23. PART i. Entar the diseases, or	complications that co	sused the dec	th Do				e. Md.	r respiratory	arreat	Approximate	
	shock, or heart fallure.				not ontor the	mode of t	aying, suc	ii as caidisc c	reapriatory	arreat,	intarval Betwe	
- 1	iMMEDIATE CAUSE (Fine)	10.1.		1	Pi	11111					Onset and De	
	resulting in death)	B. DUTE TO (OF	R AS A CONSEO	UENCE O	PE:	7400					THE	
7		-0										
CATION	Sequentially list conditions,											
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
E	that initiated events	DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CERTIFI	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AI									SY 24b.	WERE AUTOPSY FINDING	
		PERFORMED? 1 □ YES 2 17-110									AVAILABLE PRIOR TO COMPLETION OF CAUSI	
											OF DEATH?	
											1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	S. PLACE OF	DEATH (C)	eck only one)				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO 1 Inpatiant 2 Er/Outpatient 3 DOA 4 Nursing Home 5 Realdance 6 Other (Specify)											
РНУ	27. MANNER OF DEATH	28s. DATE OF IN.	JURY	28b. TIN	AE OF 28c	INJURY AT			E HOW INJURY	OCCURED		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?										
DB	2 Accident investigation 3 Suicide 6 Could not be	28e PLACE OF INJURY — At home farm street factory office 28f LOCATION (Street and Number of Burn									loute Number,	
ш	4 Homicide determined		· (opoury)					Oily or ion	ri, Otale)			
اير	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, dea	th occur	red at the time.	date and pla	ce, and due	to the cause(a)	and manner as	stated.		
COMPLET	anal	ER: On the basis of exam) and menner as state	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R 4				29c. L	ICENSE NU	MBER	29d. I	DATE SIGNED	(Month, Day, Year)	
BE	11) mail 11:	il MD					-124		•	1/1-	2 19 7	
9	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE	OF DEATH (ITEN	27) (Type	s, Print)	2	/			3/1/	11 9.	
F 1												
F												
-	31. DATE FILED (Month, Day, Year) MAY 1 4 199	32. REGISTRAR'S	SIGNATURE									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and any applicate 6 may be retained by the hospital or attending physicia	our art and may be	retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled the transfer of the transfer death with the State Date of Health and Mental Harden ning in harial cremation of	in the furning director, page	5 should be detached for use as the burial-to
IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical azaminar must be notified at once.	nedicel examiner must be r	notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTA	L HYGIE	NE -	3 1	7396	
)	1. DECEDENT'S NAME (First, Middle, Last)			TAT	TOTE				2. DATI	OF DEATH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	ernard	Α.	LAUCK					May 8, May 1993					
3	578-38-6808	1 🛣 M 2 🗆 F	M 2 □ F 61 YRS.			# UNDER 1 YEAR # UNDER 24 HRS. #ONTHS DAYS HOURS MIN.]			arch III, 1932 W			Wash	a. BIRTHPLACE (State or Foreign Country) Washington D. C	
TOR	9a. FACILITY NAME (If not institution, give structure of the control of the contr				9b. CITY		kers				9c. COU	FY	ederick	
DIRECTOR	10a. STATE 10b. COUNTY	ederick		10c. CIT	ry, town	OR LOCAT		ers	9			10d. INSIDE CITY LIMITS? 1 Wes 2 NO		
FUNERAL	104. STREET AND NUMBER 229 Challedon Dri		101. ZIP CODE 10g. CITIZEN OF W											
B∡	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI March 52	YES 2 ROR DATES	NO	1	If yes, sp	ENOENT Cooling Cubs	n, Mexica	n, Puerto	N? (Specify Y Rican, etc.)	es or No—	14. RACI Blaci Speci	American Indian, k, White, atc.	
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. D	ECEDENT'S Give kind of b. Do NOT u	USUAL O work done	CCUPATIO	ON st of working	ng .	16	. KIND OF B	USINESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		Agent						Bus (ompan	y		
BE CO	17. FATHER'S NAME (First, Middle, List) Albert Lauck									Middle, Malde lerine		S		
5	190e. INFORMANT'S NAME (Type/Print) Edna Jean Lauck		1	229 (hall	edor	nd Number 1 Dri	or Rural I	Na.1	cersvi	wn, State, Zip .lle,	Md.	21793	
	20a. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	rel from State	20b. PLACE	ematory or o	of Dispos	al (me of Cemet	ery	5-1	7E 20c. L	ocation -	Ver .	wn, State Virginia	
	An Ington National Cemetery 5-13-93 Fort Myer, Virginia 21. SIGNATURE OF LINERAL SERVICE LICENSEE MO0021 MO0021 Cemetery 5-13-93 Fort Myer, Virginia 22. NAME AND ADDRESS OF FACILITY Keeney and Basford Funeral Home 106 East Church St., Frederick, Md. 217											me		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.										Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other aignificant conditiona	resulting in the underlying cause given in Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO						PRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL				_	26. PL	ACE OF O	EATH (Ch	eck only a	ne)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	3 🗆 DOA		28. PLACE OF OEATH (Check only one) OTHER: 4 Nurshing Home 5 Residence 8 Other (Specify)										
	27. MANNER OF DEATH 1 Netural 5 Pending	26b. TIN	TIME OF NAJURY AT 28d. 0EŞCRIBE HOW INJURY OCCURED WORK?					CURED						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	M 1 YES 2 NO				281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				Route Number,				
MPLET	29a. CERTIFIER (Check only one) 2 IMEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.													
BE CO	29b. SONATURE AND TITLE DE CERTIFIER			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, De										
2	od Name and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Dr. Allen J. Gilson, M.D., 1475 Taney Ave., Frederick, Maryland 21702													
	31. DATE FILED, MORE OF MY 1993 32 HERISTRAM'S SIGNATURE AND SELECTION OF MY 12 1993 32 HERISTRAM SELECTION OF MY 12 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32 1993 32													

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BALTIMORE, MARYLAND 21215-0020

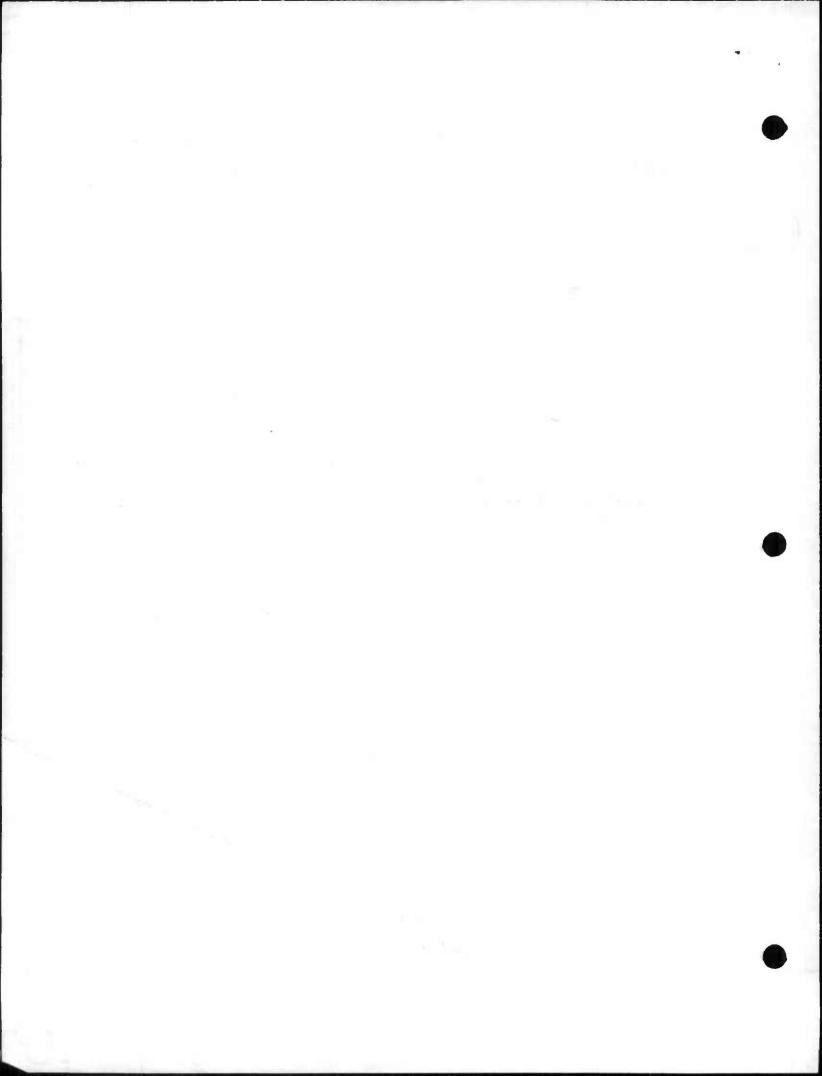
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

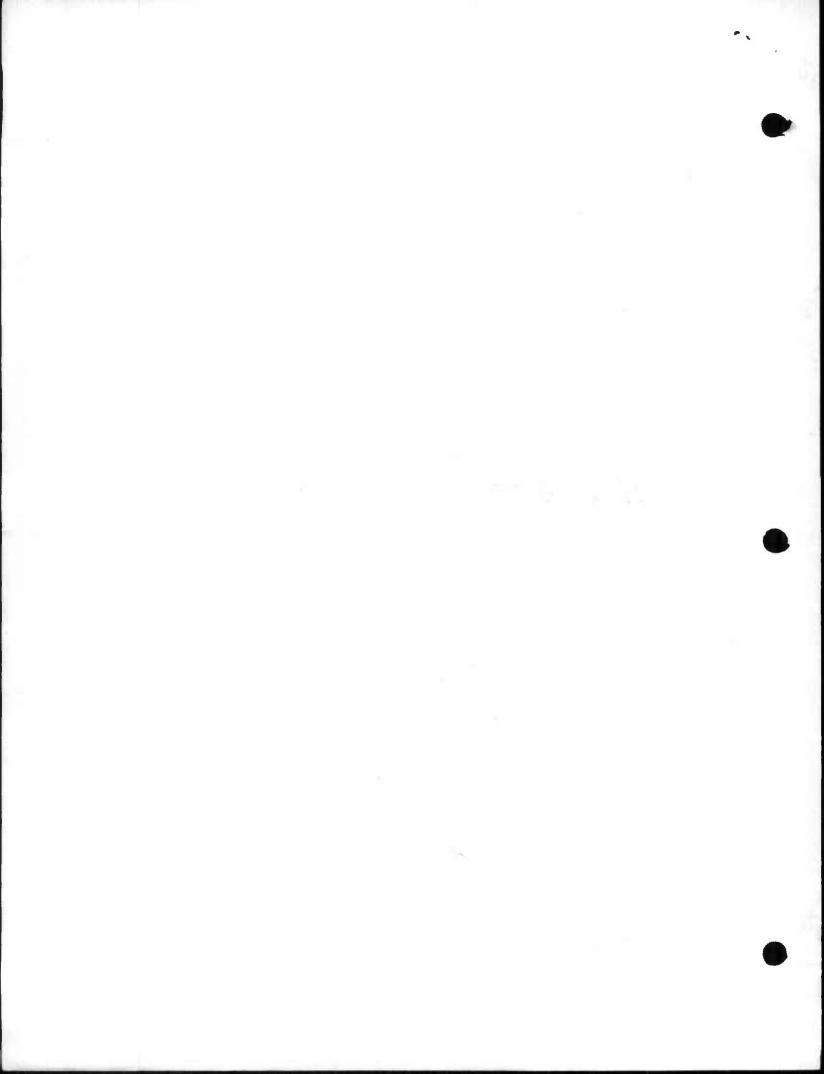
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	MY 0	3. TIME OF DEATH			
	Shukree	DAG	MUAK	A Melvir	Lee	10 -	3 - 9	3 122			
	1	5. SEX 6. AGE (A	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign Country)			
	2/2-72-5300	1 M 2 G F	35 YRS.	MONTHS DAYS	HOURS MIN.	(Migrith, Day, Year)	38/	MARULAND			
I	9a. FACILITY NAME (If not ingtitution, give stre	set and number)		96. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	VEHIOU DEUA	CTY HES 3	HOME	1526	TIMOLE	· mc		Baltimore			
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	-	10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY			
F	Maryland Cari	roll	Wes	tminster				LIMITS?			
A	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?			
FUNERAL	1037 Western Cl	hapel Rd.			21157		U.S	S.A.			
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ven, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc.			
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2 NO Specify			Speedly:Black			
	15. DECEDENT'S EDUCA		16a. DECEDENT'S I	USUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUST	TRY			
1 H	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working						
COMPLETED	12		Truck I	Driver							
S											
BE	19a. INFORMANT'S NAME (Type/Print)										
2	Irene Cathy Smith-	-Dawan				Route Number, City or Too d. Westmin		Md. 21157			
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remov	val from State 20b.	PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c. L	CATION - City	,			
	1 Burial 2 Cremation 3 Removal from State Cemetery, crematory or other place Fairview U.M. Ch.Cemetery 1993 Taylorsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Many K.	Eletcher		Thomas	D. Flet	cher & So	n Fune: inster,	ral Home Md. 21157			
	23. PART i. Enter the diseases, or co shock, or heart feliure. Li	emplications that caused	the death. Do n	ot enter the mo	de of dying, suct	h as cardiac or resp	iratory arrest	, Approximate interval Between			
	IMMEDIATE CAUSE (Fine)				Dele			Onset and Death			
	disease or condition resulting in death) a.	OVERWH	CONSEQUENCE OF		PSIS						
_		A CUTE		EUMON	(A			i			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
S	CAUSE (Disease or injury	SEVE			ATION						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
1 5	d.										
	PART ii. Other aignificant conditions				g ceuse given in	Part i. 24a. WAS AI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
DICAL		ENCEPHA		47		1 YES		COMPLETION OF CAUSE OF DEATH?			
ME	CONVULSI	VE DISEA	130			_		1 TYES 2 NO			
ż											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Chi	eck only one)					
ΥS	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpettient 2 ER/Outpe 28a. DATE OF INJURY	etlent 3 DOA 28b. TIME	4 Nursing Hom	e 5 🗆 Residence						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY WO	YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED			
	3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, st	treet, factory, offic		261. LOCATION (Street City or Town, State		Rural Route Number,			
[9]	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowle	edge death occurre	d at the time date	and place and dire	to the courselet and					
COMPLETED								suse(s) and manner as stated.			
BE (206. SIGNATURE AND TITLE OF CERTIFIER	0 -	A.a	. D .	29c. LICENSE NUM			GNED (Month, Day, Year)			
2	34. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	/	,	Do 7:	> 1 10	P 7 4	NE 3-1993			
	301 ST. PAUL PI	LACE - B.	ALTIMO		D Z	120Z					
	JUN 4 '93	22. REGISTRAR'S SIGNA	April 192								



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IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	After this certificate has been signed by the attending physician and completely filled in by the funn death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal:
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	REGISTRAN			ENTIF	ICALE	UF	DEAL	п	R	EG, NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1.							2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
	Kathryn J. Lead								6	3	1	993	2:25A. M
	220-07-3489	1 □ M 2 🔀 F	AGE (In yrs. las	t birthday) YRS.	IF UNDER 1	DAYS	HOURS	24 HRS. MIN.	7. DATE OF E (Month, De 2-3-	интн у. <i>Ybar)</i> -14		Countr	PLACE (State or Foreign y) yland
DIRECTOR	9a. FACILITY NAME (If not institution, give str Meridian Nursing	Home								ederi			
5	RESIDENCE OF DECEDENT												
2	10a. STATE 10b. COUNTY	2.2		fel.	ITY, TOWN OR LOCATION					10d. INSIDE CITY		10d. INSIDE CITY LIMITS?	
9	Maryland Car	roll		Westminster						1 X YES 2 NO			
FUNERAL	101 East Green St	reet		101. ZIP CODE 21157				10g. CITIZEN OF WHAT C					
B	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 K		H	yes, spe	ENDENT OF	ı, Mexican	IC ORIGIN? (S , Puerto Ricar	pecify Yes i, etc.)	or No—		American Indian, k, White, atc. Ny: White
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIN	D OF BUS	HNESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	(Give kind of work done during most of working life. Do NOT use retired.) Secretary			Eve	Evergreen MemorialGard			ialGardens		
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)												
BE C	Edward C. Yingling							Ranou					
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zijc									771			
	Karen Fowler 6902 Runkles Rd., Mt. Airy, Maryland 21771												
4	20a. METHOD OF DISPOSITION 1 57 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 5 T. John's Catholic 20c. LOCATION — City or Town, Cemetery, Crematory or other place) 5 T. John's Catholic												
	21. SIGNATURE OF FUNERAL SERVICE LICIDIES 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son Funeral H. 254 E. Main St. Westminster, Md. 2.										Home 21157		
	23. PART I. Enter the diseases, or cr	emplications that o	aused the de	ath. Do n	ot enter t	the mo	de of dyle	ng, such	as cardiec	Dr respi	ratory an	rest,	Approximate
	SHOCK, OF heart feiture. List only one ceuse on each line. Interval Between Open and Death												
	disease or condition resulting in death) a. Cardiac array												
_	disease or condition resulting in death) Due to (or as a consequence of): Jenus Jackson Consequence of): Jenus Jackson Consequence of Jackson Consequence of Consequence												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate												
2	CAUSE (Disease or Injury	0115 70 10	R AS A COMSEC	-	700	**	-ce						
	that initiated events resulting in death) LAST	CO		DENCE OF):								1
빙	d												1
¥	PART II. Other significant conditions Wayners	contributing to de	eath but not n	esulting i	n the und	derlying	cause g	iven in F	Part i. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	00291000	1	77-2-						_ 10	YES 2	□ NO		OF DEATH?
Σ						_			_				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DE	ATH (Cha	ck only one)				
Sic		HOSPITAL:	R/Outpatient 3	DOA	OTHER:				Other (Sp	46 - 1			
H	27. MANNER OF DEATH	28s. DATE OF IN	JURY	28b. TIM	E OF	28c. INJI	URY AT	province 6	28d. DESCRIE		JURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	rear)	INJ	M		RK? 'ES 2 🗌	NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	26e, PLACE OF II building, atd	NJURY — At ho (Specify)	me, farm, s	treet, factor	ry, office)		281, LOCATIO City or To		nd Number	r or Rural F	Route Number,
١٣	29a. CERTIFIER (Check only	(AN: To the best of my	/ knowledge de	ath occurre	d at the tie	no dete	and place	and due t	to the assessed			and .	
COMPLET	(Check only one) 2 MEDICAL EXAMINER) and menner as stated.
w II	296. SIGHATURE AND TITLE OF CENTIFIEN	11.					29c. LICE				29d. DAT	E SIGNED	(Month, Day, Year)
10 B	10000	100 cm										5-3	-93
-	30. NAME AND ADDRESS OF PERSON WHO					N/I-	ור נ	771					
	Ronald Miller		1 Ave,	_	ALLY	, IVK	J. ZI	. / / 1					
1	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	CANAL POR	dell									



4. SOCIAL SECURITY NUMBER

ames N.

9e. FACILITY NAME (If not institution, give stre

82

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1 M 2 F

5. SEX

HOURS

6. AGE (In yrs. last birthday)

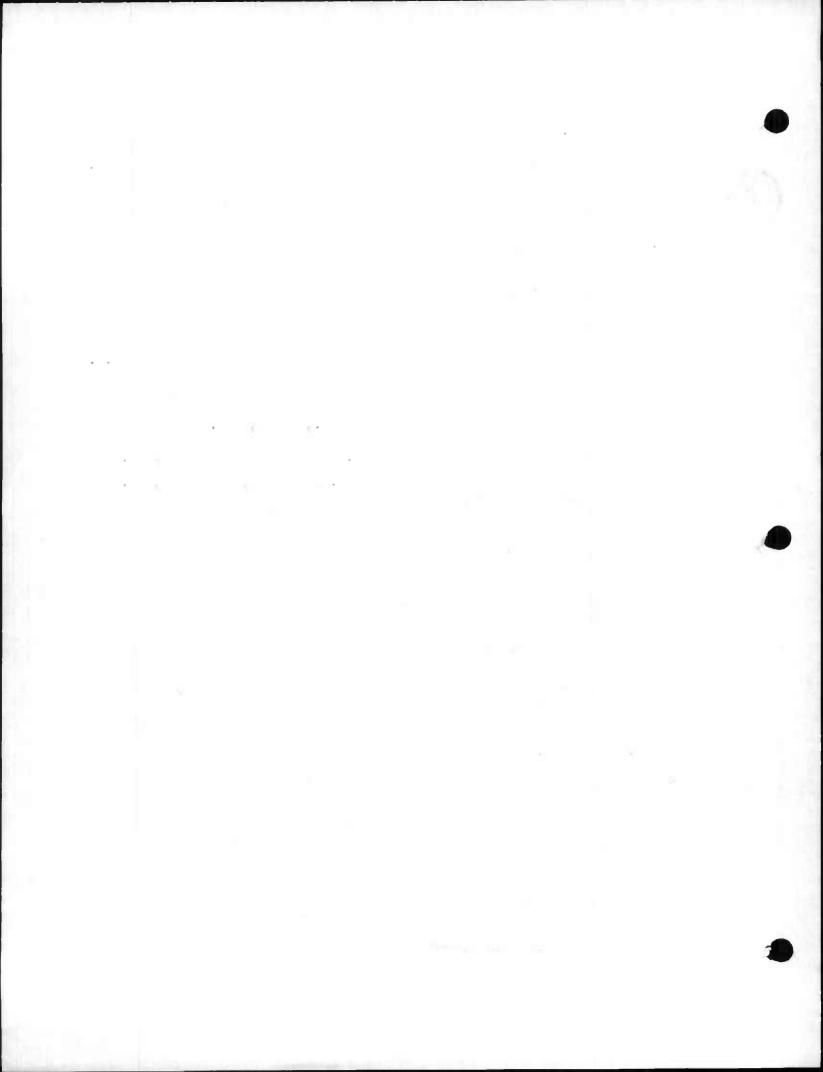
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020	physician.	burial-transit pern	
ARYLAND 21215-0020	lined by the hospital or attending physici	hould be detached for use as the burial-transit permit. Page	
ARYL	ned by th	onld be c	

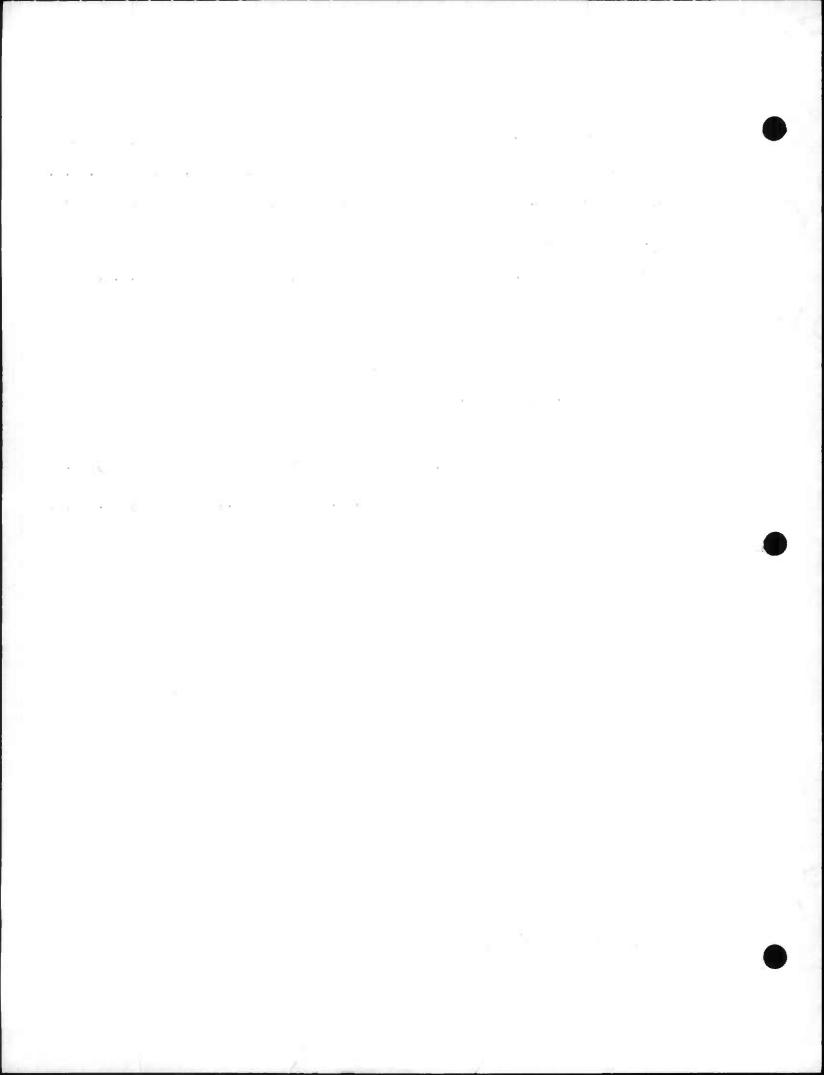
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2	DIREC	10e. STATE	10b. COUNTY			10c, CITY, TO	WN OR LOC	ATION			
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permit.	Ĭ₹	10a, STREET AND NUMB	ER				10	of. ZIP CODE			
n. ansit	i ii		MANOKIN	MANOR				21853			
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT E		IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify)					
P P P	BY F	1 X Never Merried 2 3 Widowed 4 0		FORCES? 1		INO		pecify Cuben, Mexic S 2 X NO Spec		cen, etc.)	
215-0020 attending physician. ise as the burial-tran		3 4100462 4 6	, voiced					Α			
21 affe	TED	15. D (Specify	OECEDENT'S EDUCA only highest grade c	ATION ompleted)	(ECEDENT'S USUA	fone during m	ION ost of working	16b. I	(IND OF B	
M S E	Ë	Elementary/Secondary	y (0-12)	College (1-4 or 5+)	ĤI	e. Do NOT use reti	red.)			EARN	
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	COMPLET	12th				LABORI	LK			FARM	
YLAN by the hos be detach at once.	8	17. FATNER'S NAME (First		INKNOWN				16. MOTNER'S N			
AYL d by	BE			INVINOMIA					BL	RNEL	
MAR retained to 5 should notified	2	PANDORA H	E (Type/Print)		1	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or R 451 SUSSEX AVE., DOVER, DEL. 1					
. 0 9	-	I ANDUKA A	ARMUN		(451 505	SEX A	VE., DUV	ER, DE	L. 1	
Hay to be		20e METNOD OF DISPOS 1 Burtel 2 Creme	SITION		20b. PLACE	AND DATE OF DIS	POSITION (A	ame of	DATE	20c. L	
AOR le 6 ma rector, p		4 Donetion 6 Dot	her (Specify)	at from State	SPRE	VOPVPLoner P	MEM.	GARDEN	5-28	HE	
ALTIMOR Jeath. Page 6 mi funeral director, saminer must	1	21. SIGNATURE OF FUNE	RAL SERVICE LICE	NSRE .			22. NAME-A	NB ADDRESS OF F	'920', SALID		
BALTIMO er death. Page 6 r the funeral directoral.		Daril	1, 5,	belles				ey Funer			
B/B rs after of n by the removal.		22 DADT I Enter the	discoon	10000	1			-			
		23. PART I. Entsr the ahock, or	heart fallure. Li	at only one cause	on each lin	eath. Do not e	nter the m	ode of dying, au	ch sa cardla	ic or rea	
		IMMEDIATE CAUSE (Final disease or condition									
760, ed within ompleteh II. crema event,		resulting in death)	→ a.	Cand	no ne	spire	fon	1 Ben	nest		
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secuted and com burial.	Z	Sequentially list cond	distance b.	Gran	m y	egat	ive	5-	esis		
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m = 5	0	CAUSE (Disease or injury C. Le culeifus Cler quade								4	
	분	that initiated events resulting in death) LAST									
U = 5 - 0	H H	La Guadheple gia with Cy:									
O 0 0 5 3		PART II. Other algnifi	cant conditions	contributing to de	ath hut not	requiting to the	Α	t and the total	2		
A and and in	DICAL	· Anes	mia	and the second	atti bat iibt	resourcing in the	au Den An	g cause given in	PSrt I. 2	4a. WAS A PERFO	
0 5 5 6	ED	0.1	-0:0	41.2	0 1	1 0			— I ¹	YES	
REC requires een sign of Hea	Σ	- Gail	Tro-Em	Fastra	24 6	reed					
L law law	ä	Ma	compr	-i tron							
中 章 章 臣	5	25. WAS CASE REFERRED EXAMINER?	the same of the sa	HOSPITAL:		Lore	26. P	LACE OF DEATH (C	heck only one)		
F VIT, SICIAN: The certificate the State	PHYSICIAN	1 YES 2 NO		M Inpatient 2 - EF	/Outpatient			ne 5 🗆 Residence	6 🗆 Other (Specify)	
OF VI PHYSICIAN: this certifica with the St with the St	표	27. MANNER OF DEATN 1 SQ Natural 5	7.000	(Month, Day,)		28b. TIME OF INJURY	28c. IN.	JURY AT	28d. DESCI	NOW	
ON OF DING PHYS After this c death with s marked,	BY	2 Accident	Pending Investigation					YES 2 NO			
0 5 4 5 %	9	3 Suicide 8	Could not be	28e. PLACE OF IN building, etc.	JURY — At he (Specify)	ome, term, atreet,	factory, offic	•	28f. LOCAT	ION (Street Town, State	
DIVISION OR ATTEN DIRECTOR: bours after item 28 if	E	4 Nomicide	datermined						Oily oil	iowii, oidii	
DIVI L OR ATT DIRECT HOURS ST	PL	29e. CERTIFIER (Check only 1 CE	RTIFYING PNYSICI	AN: To the best of	Dumledge, de	eath occurred at t	he time, date	end place, and du	to the cause	(a) and m	
HOSPITAL FUNERAL WITHIN 72	COMPL			On the beels of example							
TO THE HOSPITAL TO THE FUNERAL De filed within 72 important. If it		29b. SIGNATURE AND TIT			+					utan -	
PO PO	8	111	λ	1				29c. LICENSE NU	MBER		
6 6 8 W	5	39 NAME AND ADDRESS	OF PERSON WHO	COMPLETED CHOSE O	E CEATH AT-	MAD (S. D.		1158	245		
	777.5	Dest. e	E	S I S I	DEAIN (ITE	m 27) (Type, Print)	31	4 Ms	in (1.	
1000	0	TO DATE OF STATE OF	do de	15/11/4	rch.	M()	•	7 1 0		. L.	
	O	DATE FILED (Month, Da	997 4	32. REGISTRAR'S	HONOTOR	2					
		mai we is	7-	-							

REG. NO 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR 7:15 p.m 5 993 IF UNDER 1 YEAR | IF UNDER 24 HRS. a. BIRTNPLACE (State or Foreign Country) GA . 7. DATE OF BIRTN (Month, Day, Year) 23 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 TES 2 NO 10g. CITIZEN OF WNAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. ee or No-Specify: Black USINESS/INDUSTRY 1 PRODUCE M.J. DUER L LEWIS 9901 Code) DCATION — City or Town, State
BRON, MD. 21830 BURY, MD. 21801 Salisbury, Md. 21801 piratory arreat, Approximate Interval Between **Onset and Death** 400 N AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PRMED? 2 X NO 1 YES 2 NO INJURY OCCURED end Number or Rural Route Number, enner ee atated. nd due to the cause(e) end manner ea stated. 29d. DATE SIGNED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician

1. DECEDENT'S NAME (First, Middle, Last)												3. TIME OF DEATH		
		Josep	h G. Lo	opez						May	28 28	199		2:10 A
	4. SOCIAL SECURITY NUM		5. SEX	B. AGE (In yrs. In	at birthday)	IF UNDER		IF UNDER		7. DATE OF BI				LACE (State or Foreign
	214-52-470		1 X M 2 - F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCH		947		SH. D.C.
~	Se. FACILITY NAME (If not		street and number)		=	9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNTY		
ECTOR	4013 Park		St.		Cottage City			Prince George's			eorge's			
8	10a. STATE	10b. COUNT	Υ		10c. CITY	, TOWN O	R LOCA	TION						10d, INSIDE CITY
PIB	MD.		INCE GEOR	RGES	COTTAGE CITY									1 XYES 2 NO
ERAL	10s. STREET AND NUMBER						10	f. ZIP COD	_	10g. CITIZEN OF			OF WI	HAT COUNTRY?
FUNE	4013 P	ARKWOO		IT EVER IN U.S. A	-				722	or sales and the			.S.	
	1 Never Married 2	Married	FORCES? 1	YES 2 X			yes, sp	ecify Cubi	n, Mexica	can, Puerto Rican, etc.)			Black,	- American Indian, White, etc.
B	3 Widowed 4 Div	orced	W 1ES, GIVE V	MAN ON DATES	1 YES 2 NO Specify: Specify:					WHITE				
	15. DE (Specify or	CEDENT'S EDU	ICATION completed)	(0	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KINO	OF BUSI	NESS/INDUS	TRY		
틸	Elementary/Secondary	[0-12]	College (1-4 or 5	+)	life. Do NOT use retired.)									
COMP	17. FATHER'S NAME (First,	Alciclia I not)	Τ.		MECHANIC 18. MOTHER'S NAME (First,							AT IN	DUS'	PRY
ŭ	JOSE	Vanistication	LOPEZ	SR.				18. MOT		ME (First, Middle, TRENE		umame) PETER	CT	
0	19a. INFORMANT'S NAME		HOLLE		b. MAILING	ADDRESS	(Street	and Number	_	Route Number, Cit	_			
유	IRENE	LOPEZ			SAM			ITEM	#10		,	Dieto, Esp Oc	00)	
	20s. METHOD OF DISPOSI	TION	and from State	20b. PLACE			TION (N	ame of	11		20c. LOC	ATION — City	or Tow	n, State
	4 □ Donation 6 □ Othe	cemetery, cre	COMFO	RT C	DMD	TERY		6/3/93	A	LEXAN	DRI	A. VA.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	MIN	Ch	amber	ren	M0009	ı W.	W.	CHAI	MBERS	5 CO	RIVE	RDALE	. M	D. 20737
IMMEDIATE CAUSE (Final disease or condition resulting in death) Beguentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Label Conditions are consequence of the conditions of the con									(ya	Ninou			
5	resulting in death) LAST													
CAL	PART ii. Other signific	ant condition	ns contributing to	death but not	resulting in	n the un	deriyin	g cause	given in		WAS AN A			WERE AUTOPSY FINDINGS
ᅙᅦ											YES 2	-		COMPLETION OF CAUSE OF DEATH?
ME										_	- /			1 YES 2 NO
Ä														
ICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	22.702		OTHER	:	de se		eck only one)				
HYSI	1 YES 21 NO		1 Inpatient 2 28e. DATE OF		26b. TIME	- 4		URY AT	sidence	6 Other (Spec				
<u> </u>	1 Natural 5	Pending	(Month, D		INJU	URY M	WC	PRK?] NO	28d. DESCRIBE	HOW IN	JURY OCCUP	IED	
D BY	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE C	F INJURY — At he etc. (Specify)	ome, term, st	treet, facto				281. LOCATION	(Street an	d Number or	Rural Ro	ute Number,
ETEI	4 Homicide	determined	building,	етс. (Specify)						City or Tow	n, State)			
7	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowledge, de	eth occurre	d at the ti	ne, date	and place	, and due	to the cause(a)	end mann	er as stated.		
COMPL													ause(s)	end menner se stated.
шН	296. SIGNATURE AND TITL	E OF CENTIFIE	n //					29c. LICI	ENSE NUM	IBER		29d. DATE S	GARD (Mogth, Day, War)
9 0	lan	a C	Man	1	MS			D	419	328		1 5	129	8193
	CLARA C	HAN	O COMPLETED CAU	SE OF DEATH (ITE	5 (5	•	n W	lan	Car	ste D	n (.	7 09N	be	it Min
	31. DATE FILED (Month Pos	1003	Fine De	HE SIGNATORS	dell					Y		, ~ v	1.70	
	JOH o.	1333	0	- inches - Alan				_						

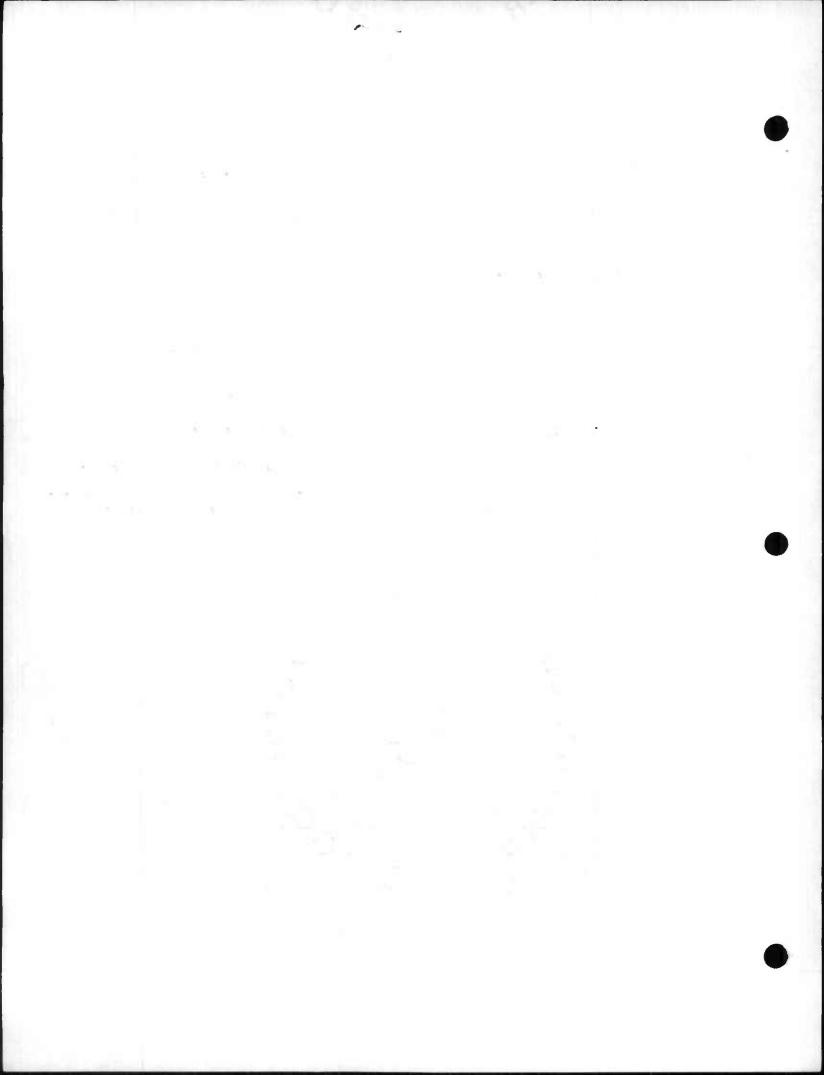


ORE, MARYLAND 21215-0020

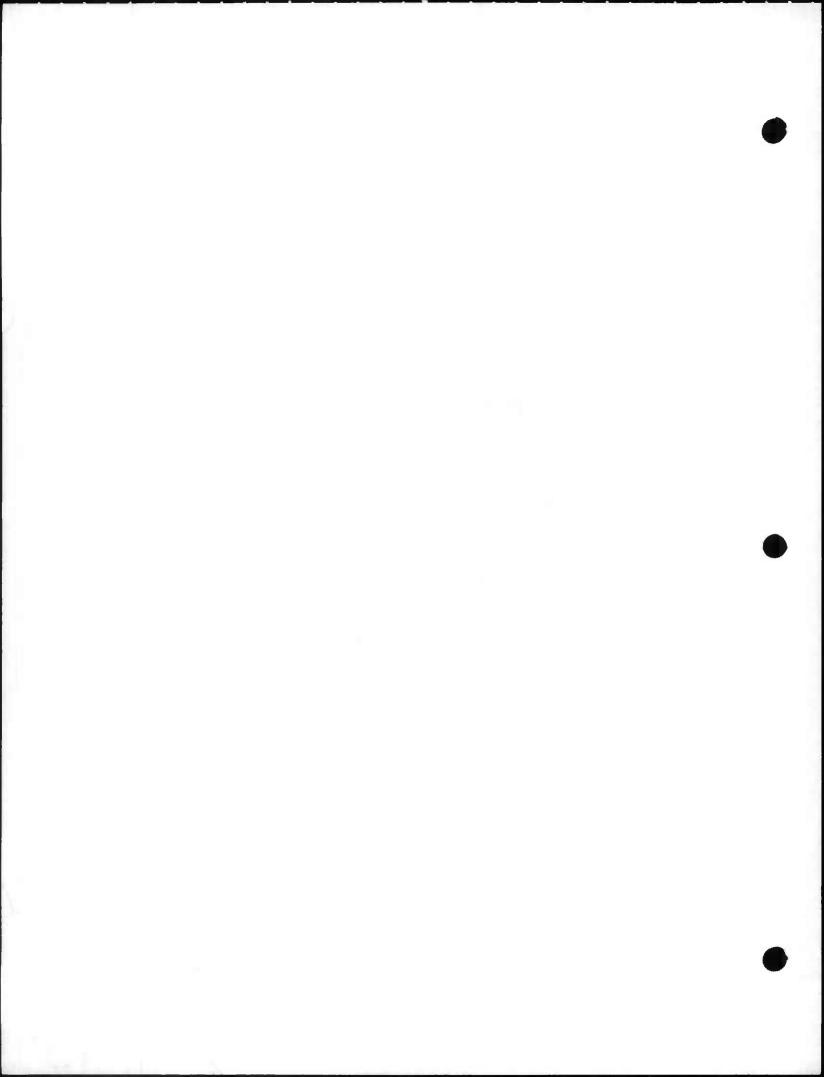
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than Page 18 per retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled to the certificate and the filled physician in the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

13	1. DECEDENT'S NAME (First	, Middle, Last)		Rose	е Та	ylor	Ma	han		2. DATE OF DEATH			3. TIME OF DEATH
- 25	Re	ose	MAHAM	V	- 14	y LOL	LAC	u ku i		05 05	AY 1	993	71:57 A. M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HPIS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
- 5	216-03-3138		1 [] M 27 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar. 6,19	16	Count	ryland
	9a. FACILITY NAME (If not is	stitution, give	atreet and number)			9b. CITY, TOWN OR LOCATION OF DEATH				INTY OF C			
OR	Franklin	Squar	e Hospit	al		Rossville Bal					Bal	timo	re County
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		100 CIT	Laboratory woman on the control							
E	Maryland		timore		10c. CITY, TOWN OR LOCATION ESSEX								10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER		сшюте					1. ZIP COD	e /		I 40- CIT	TEN OF	1 YES 2 NO
E.	904 Garden	n Driv	e, Apt.	lB					221			USA	THAT COUNTRY?
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A		13.	WAS DEC			IC ORIGIN? (Specify Yes			- American Indian
	1 Never Married 2			MAR OR DATES	MHO .		If yes, or	ecity Cubi	n, Mexicar	n, Puerto Rican, etc.)		Spec	E — American Indian, k, White, etc.
ЭВУ	3 ☑ Widowed 4 □ Divo					-77				"	White		
COMPLETED		EDENT'S EDU y highest grade			ECEDENT'S Give kind of	work done	during me	ON ost of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
빌	Elementary/Secondary (t	1-12)	College (1-4 or 5	+1	Seamstress				Cl	othi	er		
M	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
	Max -		Taylor						DECC			nown	
BE	19a. INFORMANT'S NAME (9b. MAILING	ADDRES	S (Street				•					
2	196. INFORMANT'S NAME (Type/Print) Cecelia S. Overton 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 804 Platium Avenue, Essex, Md. 21221												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town State											wn. State	
	1 Donation 5 Other	on 3 ⊔ Rem (Specify)	oval from State	ord M	emor	ial	Garde	ens.	6-7-93	Al	dino	, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									YLITY			
Howard K. McComas III Funeral Home, 1317 Cokesbury Road, Abingdon, Md. 2								ome, P.A.					
	23. PART i. Enter the d	iseeses, or	complications the	it caused the d	leath. Do i	not enter	The mo	de of dv	ing, such	ROAG, Ab	inga iratory ar	on, M	Approximate
	shock, or h IMMEDIATE CAUSE (Fig	eart failure.	List only one cer	use on each lin	10.						ratory at	, out,	Interval Between Onset and Death
	disease or condition	-	. Cardia	c Arrhy	thmia								Onset and Death
1 1	resulting in death)			(OR AS A CONS									
Z	and the same of the same	•	Anemia										
일	Sequentially list condit if any, leading to imme	diate	Clause 10	(OR AS A CONSE	QUENCE O	F):	twi	nul av	Con	tractions			
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju		c				ICTIO	Luiai	COI	ici accions			
	that initiated events resulting in death) LAS	т	DUE 10	(OR AS A CONSE	EOUENCE O	F):							i
問		_	d										
	PART II. Other aignifica	nt condition	a contributing to	death but not	recuiting	In the u	nderlyln	g cause g	given in I	Part I. 24a. WAS AN		24b	WERE AUTOPSY FINDINGS
MEDICAL	without	gasti	cointesti	nal ble	ed- s	sourc	e u	nknov	/ก	1 YES 2			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M										_			1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ck only one)			
YSI	1 TES 2XXNO		HOSPITAL:		_	4 🗆 Nui		10 5 🗆 Re	eldence	6 ☐ Other (Specify)			
F	27. MANNER OF OEATH 1 📉 Natural 5	Pending	28a. DATE OF (Month, D		28b. TIM	URY	WC	DRK?		28d. DESCRIBE HOW I	NJURY OC	CURED	
B	2 Accident	Investigation	And DI ACE O	OF the blame		М		YES 2	NO				
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. CERTIFIER 4 CONTINUE									Route Number,				
COMPLET	(Check only									lo lhe cause(s) and mar			
8	2 MEDI	\sim	7	xamination and/or	Investigation	on, in my o	opinion, d	leath occur	ed at the I	time, data and place, an	d dua to I	he cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CENTIFIE	1	F				29c. LICE	ENSE NUM	BER	29d. DA1	E SIGNED	(Month, Day, Year)
0	20 NAME AND ADDRESS OF	X	and	J	~		•						
	30. NAME AND ADDRESS OF	razie	r, MD.	9000) Fra	nkli	n Sq	uare	Dr.	Baltimore	212	37	
	31. DATE FILEO (Month, Day,	Q3	32. AEGISTRA	avidon-1	andale								1997
	JUN 01	50	1										



		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	E 93	17402		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	NY YEAR	3. TIME OF DEATH		
				Russell	MOHLER		May 9		1:35 A. M		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign intry)		
P	î	219-20-4473		O YRS.	- 12 m		April 13,1	903 M	aryland		
. 2, 3 should	ECTOR	98. FACILITY NAME (If not institution, give st Frederick Healt RESIDENCE OF DECEDENT		er		rederick	ATH	Frede:			
Jes 1,	EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY		
permit. Pages	AL DIRI	Maryland 100. STREET AND NUMBER	Frederick		Freder	ick		40- 01717511 01	LIMITS? 1 XYES 2 NO WHAT COUNTRY?		
sit	FUNER	14 West 12th				21701		U.S	.A.		
5-0020 anding physician as the burial-tran	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	84	CE — American Indian, ack, White, etc. White		
212 at or att	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of Ille. Do NOT u	USUAL OCCUPATION Work done during more retired.)	ost of working	Frederic	cy Board			
AND : he hospital fetached it once.	N N	17. FATHER'S NAME (First, Middle, Lest)	-	Food Ser	vice wo			lucation	1		
		LOCALIST CONTRACTOR	lin A. MOHL	FD CT			ME (First, Middle, Maiden	Sumame)			
	BE	19a. INFORMANT'S NAME (Type/Print)	IIII A. MOILI		ADDRESS (Street 4		. WAGNER	n State 7in Code			
S S S S S S S S S S S S S S S S S S S	유	19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Miss Nancy A. Mohler 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14 West 12th Street, Frederick, Md. 2170									
ORE, 6 may b ector, page must be		20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)									
The Co. Co.		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	ount Oliv	vet Ceme	tery, 5-1	1⊢93 Fr	<u>ederick</u>	, Maryland		
deat deat e fun e.		► Allan H	Ruby	M00703	106 E	ast Chur	ord P.A. F ch St., Fr	ederick	Home , Md. 21701		
within 24 hours within 24 hours appletely filled in termation, or referrent, the medi		23. PART I. Enter the diseases, or c shock, or heart feiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Omplications that cause on e clust only one cause on e	d the death. Do in the line.	not anter the mo			ratory arrest,	Approximate interval Between Onset and Death		
O. BOX 68760 ertificate be executed with physician and comple griene prior to burlal, cree other traumatic even	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF	/	lilles	cli;		3-46		
G H Bend	ER	resulting in death) LAST	•								
0 2 5 2 5	LC	PART II. Other significant conditions	contributing to death b	out not resulting	In the underlying	g ceuse given in	Part i. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
RECOR requires that been signed by of Health and shows any	N: MEDICA						PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
VITAL SIAN: The law ritificate has the State Dept or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chi	ick only one)				
F VIT.	YS	1 TYES 2 THO	1 Inpetient 2 ER/Outp	ontient 3 🗆 DOA	4 Mursing Hom	e 5 🗆 Residence	6 C Other (Specify)				
ON OF NG PHYSIC frer this cer eath with th marked, o	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TiM	URY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NURY OCCURED			
ISIC TTENDI TTENDI TTOR: A after d		3 Suicide 8 Could not be determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, farm, softy)	street, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or Run	il Route Number,		
475	COMPLETED		IAN: To the beat of my know						o(a) and manner as stated,		
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	luts A	high	ls	29c. LICENSE NUM	BER / /	29d. DATE SIGNI	10/9 3		
		Dr. Robert S. Hug	hes, M.D.,	700 Monto		venue, Fr	rederick,	Md. 2170	01		
		MAY 1 2 19	32. REGISTRAR'S SIGN 93 Julia Vavi	ature doon-Randa	œ						



REG. NO.

18,

2. DATE OF DEATH DAY

MAY

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

SILVER SPRING

ANNE

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

216-46-5476

10a. STATE

MARYLAND

10e. STREET AND NUMBER

Μ.

1 M 2 KF

5. SEX

HOLY CROSS HOSPITAL

MONTGOMERY

10b. COUNTY

MACKEY

YRS.

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

SILVER SPRING

6. AGE (In yrs. lest birthday)

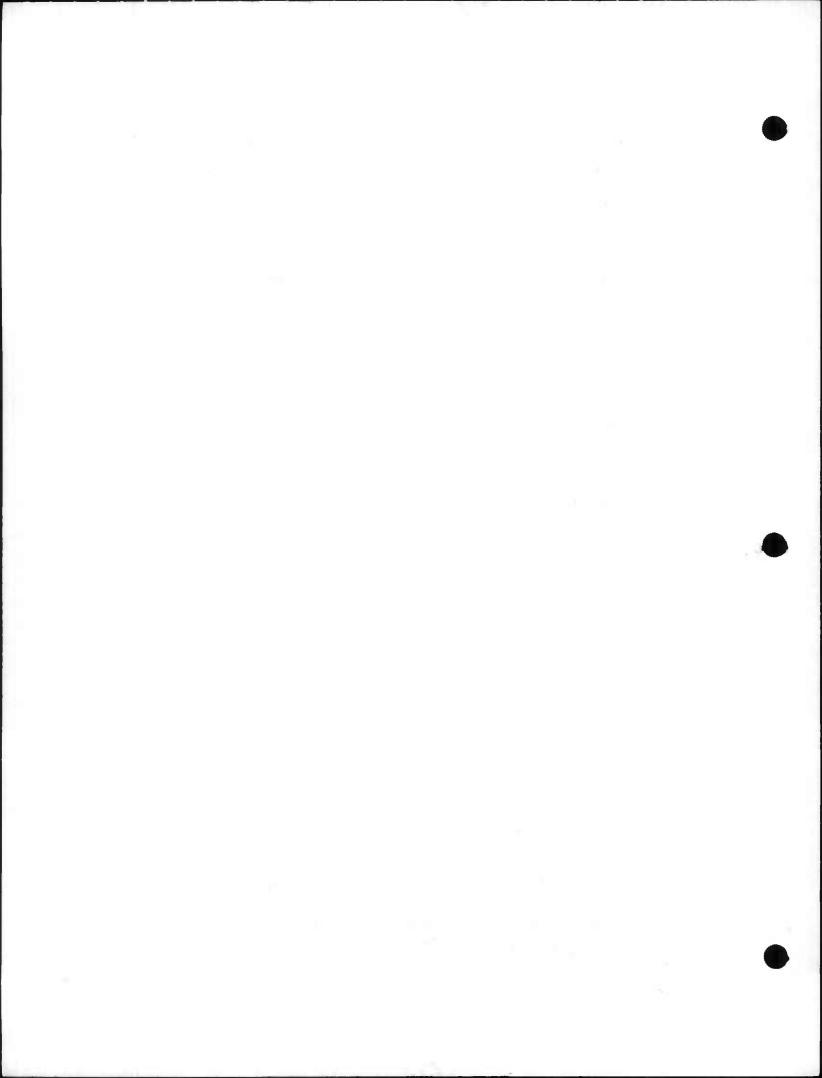
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Pages 1, 2, 3 should

DIRECTOR

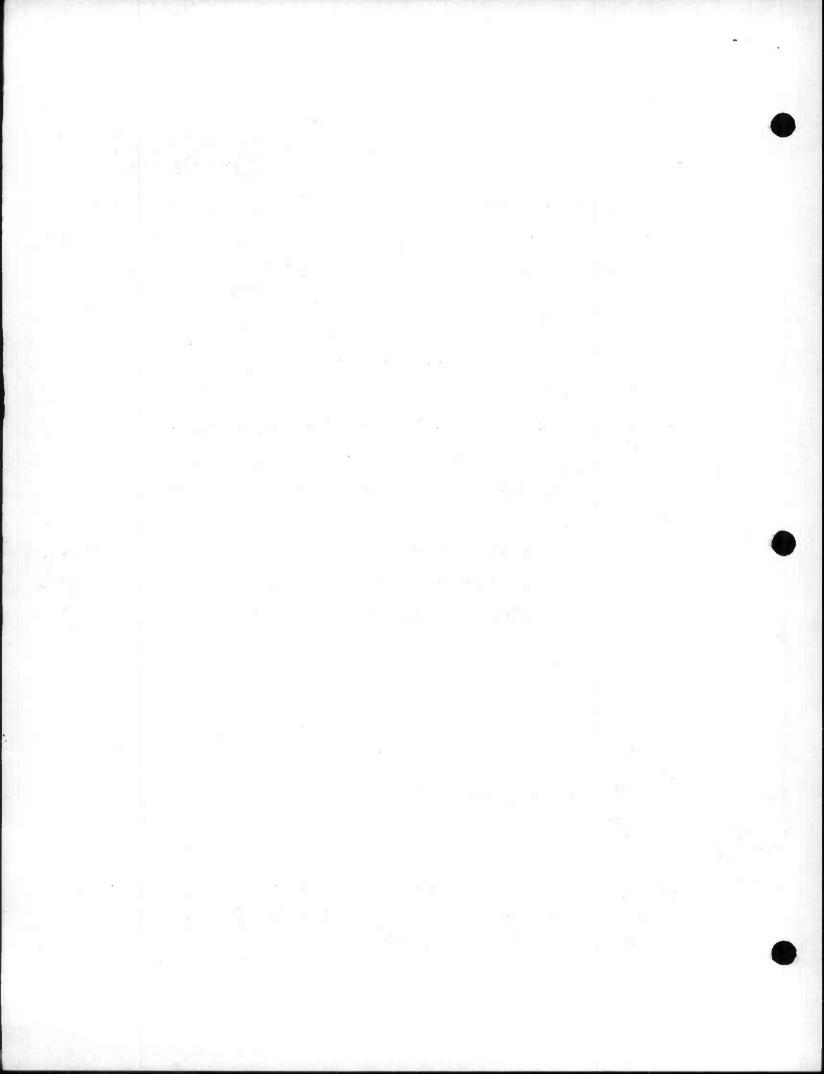
ansi	l iji	9510 OCALA STR	EET			20901		US.	A
215-0020 attending physician. ise as the burial-tran	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 N Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ecify Cuban, Mexican, Po 2 NO Specify:	PRIGIN? (Specify uerto Rican, atc.)	Yes or No — 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
-AND 2121 the hospital or atte detached for use a	COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of won life. Do NOT use in HOMEMAKE)	k done during mo etired.)	ON st of working	16b. KIND OF	BUSINESS/INDU	STRY
2 8 8 Z	100	17. FATHER'S NAME (First, Middle, Last) JAPIES THOMAS	DUFFY			ANNIE MAN			
	5	19a. INFORMANT'S NAME (Typo/Print) MARIE M. SULL:	TVAN			HAWLEY, I			ode)
ALTIMORE, Jean, Page 6 mb be fullers of the page xames much		20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from Stata	0b. PLACE AND DATE OF I	DISPOSITION (NE AVEN CE 22. NAME AN FRANCI	METERY 5 D ADDRESS OF FACILITY S J. COLLI	OATE 20c. S	LOCATION — CH LLVER S ERAL HO	PRING, MD
In RECORDS, P.O. BOX 68760, Iaw requires that the death certificate be executed within ²⁴ hours after the signed by the attending physician and completely filled in by the ept. of Health and Mental Hygiene prior to builal, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical execution or removal.	IN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	enter tha mo	de of dying, such as	Cardiac or re-	W., SIL	. SP., MD 209
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The IN THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State DB IMPORTANT: If Item 28 is marked, or item 2	D BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BICIAN: To the best of my kno	ripation 3 DOA 4 29b. TIME 0 INJURY TY — At home, farm, streecify) wiedge, death occurred a	THER: Nursing Hom F 28c. INJI WO 1	RK? (ES 2 NO 28t	Other (Specify) I. DESCRIBE HON LOCATION (Street, Steel) I. Color Town, Steel Couse(a) and indicate and place,	et and Number or ite) nanner as stated and dus to the o	Rural Route Number,
2	OT.	Daniel & Binle Med 103/3 Georgia Ave #201 Silver Spring MAY 24 1993							

3. TIME OF DEATH 1993 2:30 A. H 7. DATE OF BIRTH (Month, Day, Year)
AUG. 6, 1911 MASSACHUSETTS 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE BUSINESS/INDUSTRY den Sumame) Town, State, Zip Code) LOCATION — City or Town, State ILVER SPRING, MD ERAL HOME, INC. W., SIL. SP., MD 20901 apiratory arreet, Approximate interval Batween Onset and Death AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 / NO 1 TES 2 NO W INJURY OCCURED et and Number or Rural Route Number,



after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached	ical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law recomme that the does not ficate be 80	TO THE FUNEFAL DIRECTOR: After this confineds has been secured to physician and completely filed in by the funeral director, page 5 should be detached and completely and c	be fined within 12 hours aret death with the state than any failury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle,	Lest) Cloyd Charles Ma				2. DATE OF DEAT		YEAR	3. TIME OF DEATH 11:35 A. M	
	4. SOCIAL SECURITY NUMBER 218-01-3954	5. SEX 6. AGE (1)	in yrs. last birthday) if wo	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY Feb. 12,	1902	Md.	HPLACE (State or Foreign ry)	
TOR	9a. FACILITY NAME (If not institution Homewood Retir	ement Center	96	96. CITY, TOWN OR LOCATION OF DEATH Frederick				9c. COUNTY OF DEATH Frederick		
DIRECTOR		Frederick	10e. CITY, TO	10c. CITY, TOWN OR LOCATION Middletown				10		
FUNERAL	100. STREET AND NUMBER 315 S. Chu	ırch St.		10f. ZIP CODE 21769				WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 XNO	XNO If yes, specify Cuban, Maxican, Puerto Rican, at						
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	S EDUCATION It grade completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	meat and ice cream					eam	
	17. FATHER'S NAME (First, Middle, Li Charles		owner-p	arther		reta ME (First, Middle, M Louise H				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							2635		
	20s. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Removal from State 4 Donation 5 One (Special Lutheran Cemetery 5/10 Middletown, Md.									
	21. SIGNATURE OF FUNERAL META	VOE VOENSEE		Dona	ld B. The Main St	ompson F	uneral letown	Hom Md	e • 21769	
CERTIFICATION	31 E. Main St., Middletown, Md. 23. PAR Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PREDWON: A DUE TO (OR AS A CONSEQUENCE OF): CEREBROVAS CULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): CARCATID APTERY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Between Onset end Desth 4 days 3 years 3 years		
AL	PART II. Other algorificent con	nditions contributing to death b	ut not resulting in t	the underlyin	g cause given in	PI	AS AN AUTOPS ERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		тнея:	LACE OF OEATH (Ch		0			
ВУ	27. MANNER OF DEATH 1 Netural 6 Pendin 2 Accident invests 3 Suicide 6 Could	28e. PLACE OF INJURY	26b. TIME O	Y M 1	URY AT ORK? YES 2 NO	26d, DESCRIBE I	Street and Numl		Route Number,	
COMPLETED	4 Homicide determined building, etc. (Specify) 29a. CERTIFEIR (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CE				29c. LICENSE NUI		29d. O.	ATE SIGNE	0 (Month, Day, Year) 10-93	
01	JAMES L.		NO POI	im) BOX (DUTO	NN, 1	4D.	21769	
1	31. DATE FILEO (Mogth Pay, Your)	1993 STENDEN WOULD	son-Randell							



1	OR TATE EGIS	TRAR

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2	U	Ĺ	- 1	1-2	U	J

_	1 - STATE REGISTRAR	STATE OF A		D / DEPAR CERTIF					MENTA	L HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	TD TOW							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
		TRICK			McGREEVY						2.0	93	10:07P M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 □MM 2 □ F		s. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH (h, Day, Year) 1-22-19		Countr	PLACE (State or Foreign y)
	none 9a. FACILITY NAME (If not institution, give s		17	YRS.						-22-19		MD	
Œ	507 PATTERSON	treet and number)					R LOCATIO		ATH		9c. COUN		
DIRECTOR	RESIDENCE OF DECEDENT				CO	MDE	RLAN	ט			AL	LEG	ANY
REC										10d. INSIDE CITY			
٥		legany			Cumbe	erla	nd						LIMITS? 1 X YES 2 NO
AAL	10e. STREET AND NUMBER	_				101	ZIP CODE						WHAT COUNTRY?
FUNERAL	507 Patterson 11. MARITAL STATUS						215					ISA	
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	XNO.	- 1	If yes, sp	city Cubin	n, Maxican	1, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 (XNO	Specify:				Speci	white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a	DECEDENT'S					161	. KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	-)	(Give kind of sife. Do NOT us	e retired.)	during mo	st of workin	g					
MP	11			stud	ent					sch	00I		
	17. FATNER'S NAME (First, Middle, Last)						18. MOTE			Middle, Malden			
BE	John T. McGi	eevy								Sirba			
2	Mrs. Lois McGr	,								berlar			502
	20a. METHOD OF DISPOSITION		20b. PLA	CEANDDATE				Cilde	OAT		CATION - C		
	1 Donation 5 Other (Specify)	oval from State	cemetery Pa	Cremetory of o	her place) Cel	nete	rv		5-		Palo		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				NAME AN	O ADDRES						
	* Clano 7	MAA	100	111,						al Hom 21502	e		
П	23. PART I. Enter the diseases, or o	omplicatione that	cansed tha	death. Do r	ot anter	tha mo	de of dyle	ng, such	aa can	dlec or reepi	ratory arre	est.	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List anly one cau	aa on aach	line.						•	•		Interval Between Onset and Death
	disease or condition resulting in death)	CONTACT	GUNSHO	T WOUND	OF HI	EAD							
		OUE TO	OR AS A CON	SEQUENCE OF	7):							-	
NO N	Sequentially list conditions,	b	(00.40.4.00)	SEQUENCE OF									
CERTIFICATION	if eny, leading to immediata cause. Enter UNDERLYING	502 10 (OR AS A COR	SECUENCE OF	·):								
필	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CON	SEQUENCE OF	7:								1
FFI	resulting in deeth) LAST	d											
	PART II. Other aignificent condition	s contributing to	deeth but n	ot resulting i	n the un	derlylno	COLLOG	lues In E	David I	24a. WAS AN	ALITONAV	Lan	
CAL				or rooming t		corrying	codee g	ivoii iii r	art i.	PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
밀									-	1 YES 2	□ NO		OF DEATH?
2									-				1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATN (Chec	ck only or	ne)			
VS(1 X YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpetien	3 🗆 DOA	OTHER		5 X Res	sidence 6	□ Othe	r (Specify)			
H	27. MANNER OF DEATH	26a DATE OF	INJURY ly, Year)	386. 7IM 9:40	OF	28c. INJU		T	28d. OES	CRIBE NOW IF	JURY OCC	UREO	
À	2 Accident Investigation 05/20/93 P.M. 1 YES 2 TWO SUBJECT SHOT HIMSELF												
	3 Suicide 6 Could not be 4 Homicide determined	building, a	tc. (Specify)			ory, office			281. LOC				1ARYLAND
9	29a. CERTIFIER			HOM					507		ERSC		VE.
COMPLETED	(Check only	CIAN: To the best of a											
			anniamon and	or investigation	n, in my o	pinion, ae				and place, and	d due to the	Cause(a)	and menner se stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	fulle					29c. LICE	NSE NUME	BER				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH	TEM 27) /5mg	Print)		0.C.	.M. F			0.5	5/21	./93
	MAYLOM DO D	16AULI						n - 3 ·					01001
	31 DATE FILED (MPMICON Year)	A ANDROUSE A	To staff the	Fem	1.51	ree		bdlt	ımc	re. M	lary	Lanc	21201

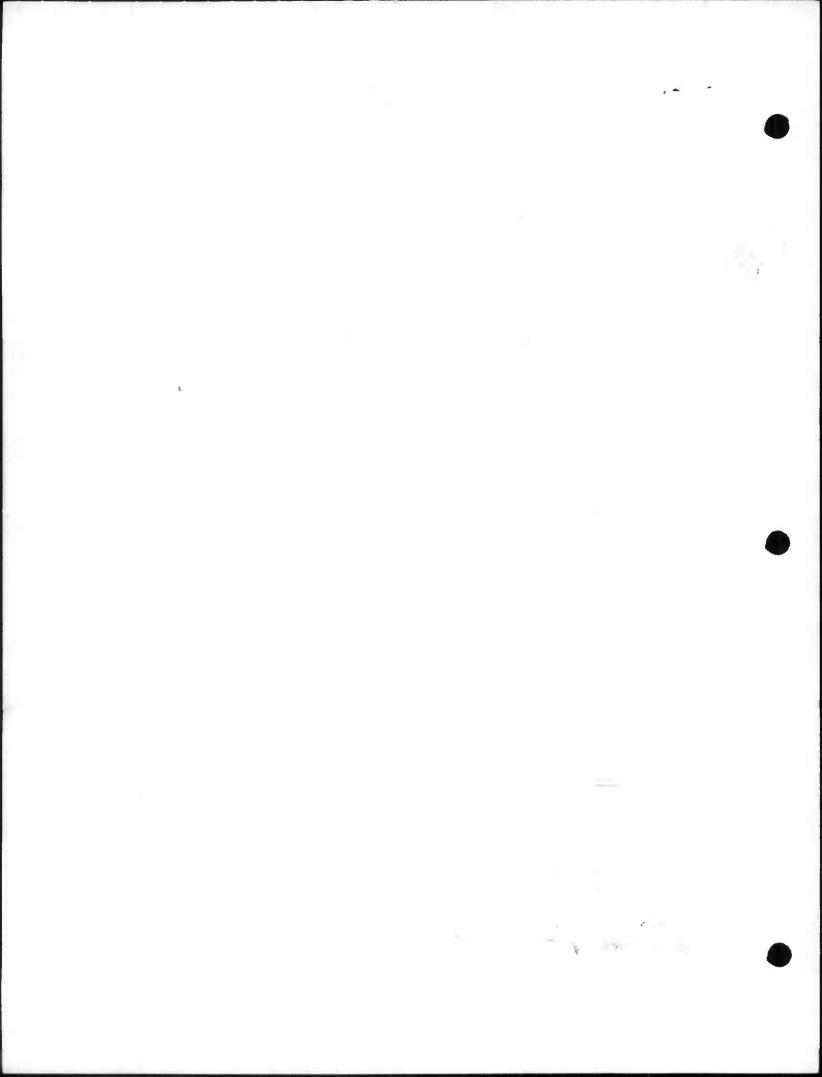
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranible filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

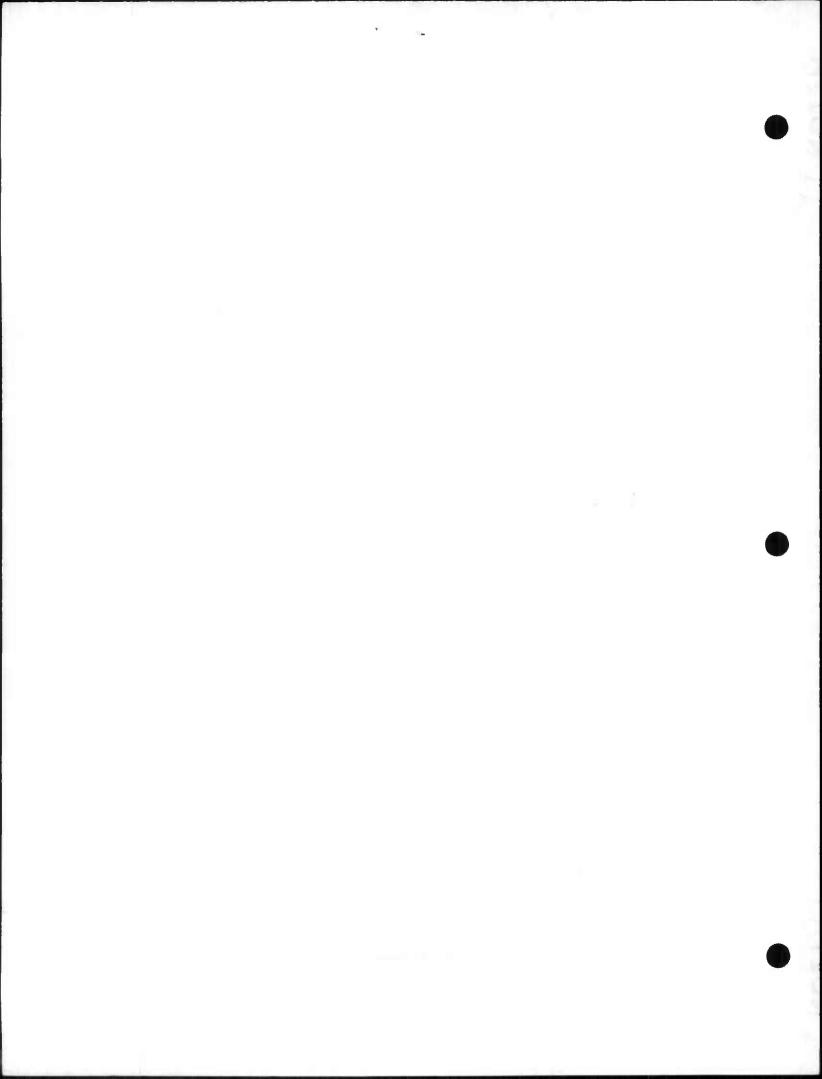
BALTIMORE, MARYLAND 21215-0020

DHMH-15 Rev 1/89



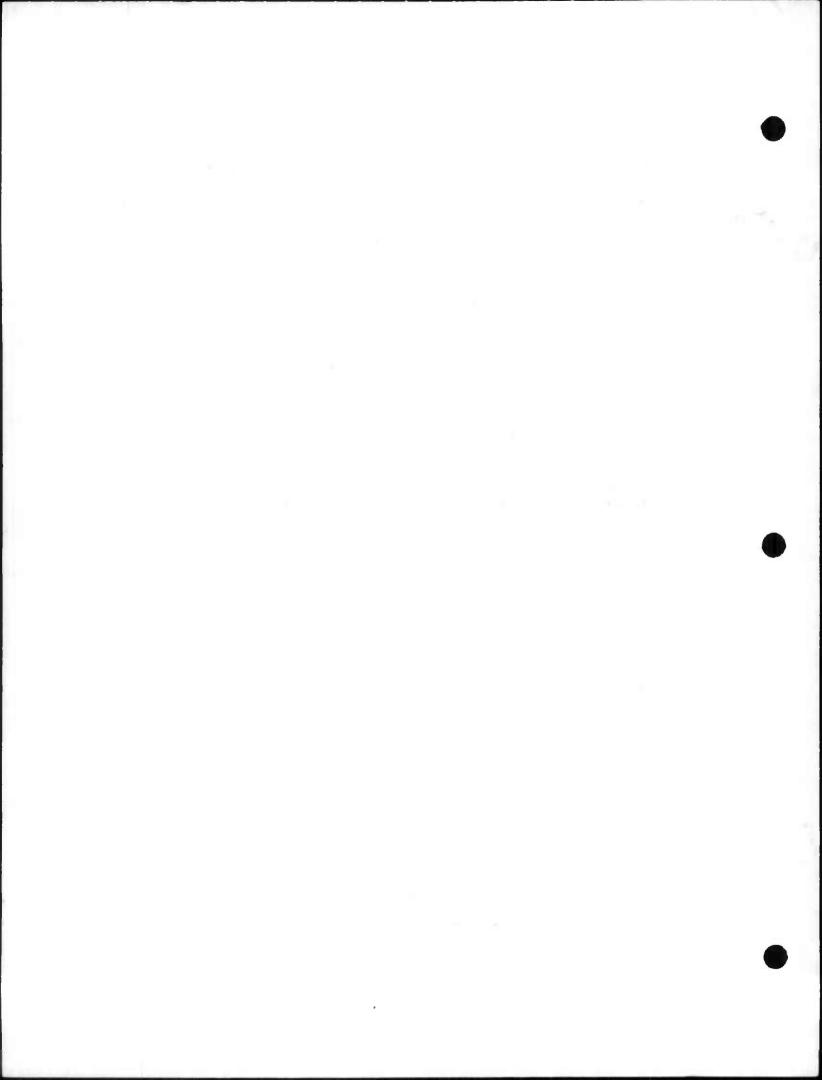
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	RTMENT	T OF H	EALTH DE AT	AND I	MENT	AL HYGIE REG. NO		0	1 / 10	
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH	211		3. TIME OF DEA	TH
- 1	Jayn	e Elizabet	h Murr	av	Mi	11er	•		Ma	2 000	1993	YEAR	1.24	Ъм
	4. SOCIAL SECURITY NUMBER	CURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) # UNDER 1 YEAR # UNDER 24 HRS. 7. DATE										B. BIRTI	HPLACE (State or F	_
	562-22-8230	1 □ M 2 XXF	68	YRS.	MONTHS	DAYS	HOURS	MIN.	May 18,1924 California					9
	9a. FACILITY NAME (If not Institution, give st	treet and number)			9b. CITY	, TOWN	R LOCATI	ON OF DE	HTA		9c. COU	NTY OF D		
10 H		Hospital				Eas	ton					Talb	ot	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CIT	,
HO	Maryland Queen Anne's Queenstown									LIMITS?				
	10e. STREET AND NUMBER			24			ZIP CODI	E			10g. CIT	ZEN OF Y	WHAT COUNTRY?	NO
FUNERAL	120 Wye River Dr	ivo				2	1658				1 '-	.S.A		
S	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	AED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIG	IN? (Specify Y		14. RACE	E — American Indi	lan,
ВУ Б	1 Never Married 2 National 1 Never Married 2 National 2	FORCES? 1 [] IF YES, GIVE WAR	OR DATES	ĸ			ecify Cubs 2 XXIIIO	n, Maxica Specify		Rican, etc.)		Speci	k, White, etc.	
													"White	9
13	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DEC	EDENT'S	USUAL O work done	CCUPATIO during mo	ON st of workin	ng	16	b. KIND OF B	JSINESS/IND	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		_ none	emak	er	-	18 MOTA	HED'C NA	ME (Eles	Middle, Maide	. (
	Archie Eugene Mu	rrav					16. MOT			Zela D	,			
BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	S (Street a	nd Number	_		nber, City or To	4	Code)	_	
2	Jesse E. Miller									stown			d 21658	3
	20s. METHOO OF DISPOSITION	oval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na					OCATION —	_		
	1 Burlet 2 The remaition 3 Removal from State and Doneston 5 Other (Specify) Metro Crematory of other place) Metro Crematory May 17, 1993 Baltimore, Maryla										and			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11	2	22.	NAME AN	ID ADDRES	SS OF FAC	CILITY	meral				
	* Sul of	Well	1.14	?									21619	
	23. PART i. Enter the diseases, or c	ompligations that ca	usad the dea	th. Do i	not anter	tha mo	de of dyl	ng, aucl	h aa ca	rdiac or rea	piratory an	est,	Approxim	ata
	ahock, or heart feliure. I IMMEDIATE CAUSE (Final	List only oly muse	on aach line.)			•		-	۸		Interval B Onset and	
	disease or condition resulting in death)	wike	oun -	1	no	bal	le	Ca	rd	iac ,	Au	nt)MME	WATE
		DUE TO (OR	AS A CONSEO										,,,,,,	
O	Sequentially list conditions,	DUE TO (OR	40.4.000000											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR	AS A CONSEQ	UENCE O	F):									
E	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	UENCE O	F):		·						<u> </u>	
FF	resulting in death) LAST	1.												
	PART II Other significant condition	a contribution to do	ah haa aas	- Miles										
PHYSICIAN: MEDICAL	PART if Other significant conditions	t A		suiting	in the un	derlying	cause g	iven in	Part i.	24a. WAS A	RMED?	24b.	WERE AUTOPSY F	то
	- Truck	1 /00								1 🗌 YES	2 NO		OF DEATH?	CAUSE
Σ													1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					20.01	ACE OF D	EATAL COL				\perp		
200	EXAMINER? 1 (X) YES 2 (1) NO	HOSPITAL:	MOntrolle et 2 (7000	OTHER	₹:	ACE OF D							
Ě	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIM	- 1	28c. INJ		sidence		er (Specify) SCRIBE HOW	INJURY OC	TIBED		
	1 Netural 5 Pending	(Month, Day,)	bar)	INJ	URY	WO	RK?] NO	77	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jones		
р ву	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 28. PLACE OF INJURY — At home, farm, streat, factory, office City or Town State)													
Ξ	4 Homicide determined	building, etc.	(Specify)						City	or Town, State)			
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledgs, des	th occurre	ed at the ti	ime, deta	and place.	and dua	to the ca	use(s) and ma	nner sa stet	ed.		
OM		R: On the besie of exemi) and manner as e	tsted.
	296. SIGNATURE AND TITLE OF CENTIFICA	20	•	_	4 -			NSE NUM			_		(Month, Day, Year)	
O BE	laur.	1. Ja	w	\neg	MO	2	Do	5-	755	+	D 3	1:	1-93	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	27) (1) ps.	Print)									
	31. DATE FILED (Month, Day, Year)	32. REGISTRARY	SIGNATURE	-	-		10							
100			a consideration of the second second		- 75									



6	1	mit Abab
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the tentral completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ment and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ment and the funeral director.

	1. DECEDENT'S NAME (First		ERN	EST L.	MELVT	N TT			2. DATE MONTH		DAY	YEAR	3. TIME OF DEATH	
- 3	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. Is		IF UNDER	t YEAR	IF UNDER 24 HRS.	_	OF BIRTH	25 9	93 A BIRTHI	1229 PLACE (State or Foreign	M
- 3	214-46-898	34	1 € M 2 □ F	47	YRS.	MONTHS	DAYS	HOURS MIN,	(Month	, Day, Year)	16	Country)	
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN	OR LOCATION OF D	EATH 3	3 4	46 sc. cou	NTY OF DE	ld.	_
TOR	PENINSULA REGIONAL CENTER SALISBURY WICOMICO													
DIRECTOR	Md •		y, town o		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER						10	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	_
NE I	704 E. Stat	e St.						21875			t	JSA		
BY FU	1 Never Married 2 1	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES Vietnam						MED 13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexican, Puerto F 1 YES 2 NO Specify:					— American Indian, White, atc.	
	15. DEC	EDENT'S EDU	CATION	18a, D	ECEDENT'S	USUAL O	CUPATION	ON	16b.	KIND OF BU	USINESS/IND			_
APLET	Elementary/Secondary (0		College (1-4 or 5	r) "	onstri	se retired.)		ork	Ge	orge	Wilke	rson		
COMP	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S NA						
ш	Ernest L. M	lelvin						Rosali	e Par	sons	Melvi	.n		
TO B	19a, INFORMANT'S NAME (7			1	9b. MAILING	ADDRESS	(Street s	nd Number or Rural	Route Numb	er, City or To	wn, State, Zip	Code)		
-	Sylvia Phip		lvin		704	E. S	tate	e St. De	lmar,	Md.	21875			
	20a. METHOD OF DISPOSITE 1 N Burlel 2 □ Crematio	n 3 🗆 Reme	oval from State	20b. PLACE cemetery, cr	rematory or o	ther place)			DATE		OCATION —		vn, Stata	
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENGEE	St. S	tephe					8 De1	mar,	De.		_
	1.71	J JERVICE LIC	11	1.1				Funeral		. Inc				
	ewill	on 11	AK	not		P.	0. 1	3ox 204	Delma	r. De	. 199	40		
	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure.	ARTE	RIOSCLE	a. ROTIC	: CA		OVASCULAL				eat,	Approximate Interval Betwee Onset and Dec	
_				(-OOLINGE O	, ,.								
CATIO	if any, leading to immed cause. Enter UNDERLYI	organically list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury												
CERTIFICATION	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):								
TI III	PART il. Other algnifica	nt condition	a contributing to	death but not	resuiting	in the un	deriying	cauae given in	Part i.	24a, WAS AI	N AUTOPSY	24b.	WERE AUTOPSY FINDING	38
N: MEDICAL	DIABETES	MELL	ITUS						_	PERFO	RMED? 2 ⊠ NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ž														
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)				_
YSI	1 Å YES 2 □ NO		1 Inpetient 2		_	4 🗆 Nurs		e 5 🗆 Residence	8 🗆 Other	(Specify)				
ву Рну		Pending Investigation	28e. DATE OF (Month, D	ay, Year)		M	1 🗆 1	RK? 'ES 2 NO	28d. DES	CRIBE HOW	INJURY OCC	URED		
ETED		Could not be determined	28a. PLACE O building,	F INJURY — At hatc. (Specify)	oma, farm,	street, facto	ory, office		281. LOCA City o	TION (Street or Town, State	and Number	or Rural Ro	oute Number,	
COMPLET			CIAN: To the best of R: On the basis of a:										and manner as stated.	
O III	29b. SIGNATURE AND TITLE							29c. LICENSE NUI					Month, Day, Year)	_
00	John &	Soul	belen.	I P.M	DEPUT	Y M.	E.	D0359	9		•		25-93	
2	JOHN, T, BUI					Print)				RY MD	2180			_
	31. DATE FILED (Month, Day			S.S. Hankings										_
	MAY 2 5 199	J A												



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificiate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10 THE RUNERAL, DIRECTOR, After this confident has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit to be sent with in 22 hours after death with the State Dopt, of Hospital Hygiens prior to boxist, cremation, or remote,

	REGISTRAR	CERT	IFICATE	OF DEATH	REG	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	гн	3. TIME OF DEATH			
	Francis Harrison Mor	ris			05/ 24	05/ 24/93 YEAR 3: 13ME OF DEATH 8:25				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birtho	lay) IF UNDER 1	YEAR IF UNDER 24 HRS.	Z DATE OF BIRT	н	8:25 a M			
	214-28-8473 1ৢ₩2□	61 YR	S. MONTHS	DAYS HOURS MIN.	07/ 23	7 31	Country) Maryland			
	9a. FACILITY NAME (If not institution, give street and number)	<u> </u>	9h CITY	TOWN OR LOCATION OF						
œ					PEATH		INTY OF DEATH			
6	518 Indian Lane		58	lisbury		W	icomico			
8	10a. STATE 10b. COUNTY	10d. INSIDE CITY								
E	Maryland Wicomico		CITY, TOWN OF				LIMITS?			
-	100. STREET AND NUMBER		Salis	101. ZIP CODE			1 YES 2 X NO			
RA						5000	IZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	518 Indian Lane			2 180 1			USA			
5	11. MARITAL STATUS 12. WAS DECED 1 Never Married 2 X Married FORCES?	AS DECENDENT OF HISP yes, specify Cuban, Mexic	NIC ORIGIN? (Speci	y Yea or No—	14. RACE — American Indien, Black, White, atc.					
ВУ	a Widowed A Dhomed IF YES, GIVI	WAR OR DATES		YES 2 NO Spec		~-,	Specify:			
	A1	Force					white			
밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDER	IT'S USUAL OCT of work done du	CUPATION ring most of working	16b. KIND O	F BUSINESS/IN	DUSTRY			
۳	Elementary/Secondary (0-12) College (1-4 or	3+)			plumbi	ng,Heati	ng & air			
Z	12 4	exec	utive		condit	ioning su	upply Co.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, M.	siden Surname)				
w	John Ellis Morris			Marga	ret Edith	Harri	son			
9 0	19a. INFORMANT'S NAME (Type/Print)	19b. MAII	ING ADDRESS	Street and Number or Rura	Route Number, City of	r Town, State, Zip	Code)			
2	Susanne Morris	518	India	n Lane, Sai	lisbury.	MD 2180	0.1			
	26s. METHOD OF DISPOSITION						Cify or Town, Stata			
- 1	Cemetery, cremetory or other place)									
- 1	Wicomico Memorial Park 5/27 Salisbury, MD									
. 1	1-1-1/10//			olloway Fun		е				
_	23. PART I. Enter the diseases, or complications to	1	5	Ol Snow Hil	1 Rd. S	alishu	ry, MD. 21801			
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that (nillated aventure) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ĒI	that initiated events resulting in death) LAST	o jon na n consequenc	e or j.							
ÿ. II										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 1 YES 2 NO 1									
3	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hack only one?					
잃	EXAMINER? HOSPITAL: 1 VES 2 NO 1 Impetted 2	C	OTHER:	~						
ž∥	27. MANNER OF DEATH 28s. DATE (ER/Oytpetient 3 DO		to Home 5 Residence						
ā		Day, Mour)	INJURY	WDRK7	26d. DESCRIBE H	DW INJURY OC	CURED			
B	D 2 Accident Investigation 1 YES 2 NO									
₽	3 Builde 6 Could not be 25s. PLACE buildin	g, etc. (Specify)	m, alrest, factor	y, office	City or Esert, 5	reet and Number Itale)	or Runit Route Number,			
4										
ᆲ	Check only 1 CERTIFYING PHYSICIAN: To the best									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of	examination and/or investig	petion, in my opi	nion, death occured at the	s time, date and plac	e, and due to th	e cause(s) and manner as stated.			
2	296. SIGNATURE AND THE OF MENTIFIER			29c. LICENSE NU			E SIGNED (Month, Day, Year)			
8	(Norma)			Λ 2	ACTO	≥ 5	-1-1100			
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH STEM NO.	Son Profi	-1 D^2	(D < 0)	1	1 70/7-3			
10	Joseph AGRASSO r	nD 145		arral St	Sals	bury	mp 2180			
179	MAY 25 1993 Julie Javido	PAR'S SIGNATURE								

X

white

plumbing, Heating & air conditioning supply Co.

Margaret Edith Harrison

ne, Salisbury, MD 21801

Park 5/27 Salis'

Funeral Home Hill Rd., 5

68760,
BOX
P.O.
RECORDS,
OF VITAL
DIVISION

STATE (OF	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH		REG. NO.

17409 93

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIE REG. N	_	13 17409		
	1. OECEDENT'S NAME (First, Middle, Last) CLYDE MITCHELL,	JR.	>	(%XX XX X	XXXXX	2. DATE OF DEATH MONTH	DAY 4 , 199.	YEAR 3. TIME OF DEATH		
2	216-44-8043	6. AGE (In	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) JULY 30,	L BIRTHPLACE (State or Foreign				
TOR	98. FACILITY NAME (If not institution, give street PENINSULA REGIONAL RESIDENCE OF DECEMENT				BURY	ATH	9c. COUNT	Y OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY	WICOMICO		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	RTE. #2, BOX 746	, PURNELL ST	REET	101.	21801		10g. CITIZE	N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2/1 NO	If yes, spe	ENDENT OF HISPANI polify Cuban, Maxican 2 NO Specify.	IC ORIGIN? (Specify) , Puarto Rican, atc.)		4. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 1 mpleted) College (1-4 or 5+)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re LABORE	done during mos tired.)	N st of working	186. KIND OF B				
	17. FATHER'S NAME (First, Micicle, Last) CLYDE MITCHELL S	GR.	LADOILL		18. MOTHER'S NAM	PLANT I				
TO BE	100. INFORMANT'S NAME (Type/Print) IDA F. WEST		196. MAILING AD ADDRESS	DRESS (Street a		oute Number, City or To	wn, State, Zip C	ode)		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State	LACEAND DATE OF D	PAREM. F	PK.	5-29 S/	ALISBUF	ry or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Jolley	7	SALIS	BURY, MD	. 21801		2, BOX 920		
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on eac	is pulm		0.		piratory arree	Approximata interval Between Onset and Death		
MION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEQUENCE OF):	no He	at Fais	land				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO YES 2 YES 2 NO YES 2 YES 2 NO YES 2									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specific)									
ВУ РНУ	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOR		28d, OESCRIBE HOW	INJURY OCCU	RED		
	3 Sulcide 8 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify,	At home, farm, stree	et, factory, office		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLETED		N: To the beat of my knowled On the basis of examination a						cause(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF SHITTEN	(an ver)			29c. LICENSE NUM	BER	29d. DATE S	SIGNEO (Month, Day, Year)		
	CONSTANTE	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Prin	"D Riv	cersile s	N Sal	shung	MD		
2	MAY 2 5 1993 July	32/HEGISTAR'S HOMO)		

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use as the burial-transit permit

once.

BALTIMORE, MARYLAND 21	leath. Page 6 may be retained by the hospital or	funeral director, page 5 should be detached for
B/	4 hours after i	filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BE

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	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPAR					MENTA	L HYGIEN	E	93	17410
fis i	CAKLTON ANDROW MITCHELL MAY 21,1993 YEAR									3. TIME OF DEATH 16.30 M		
1	221-03-1147 9e. FACILITY NAME (If not institution, give s	1 M 2 - F 77	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	of BIRTH th, Day, Year) 9-15-19		Country	RYLAND
DIRECTOR	PENINSULA REGIONA			S	SALIS	BURY	00 -1 -1				COMIC	
	MARYLAND WIC	COMICO		Y, TOWN								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10303 RIVERTON F		RMED	13	<i>'</i>	2183	7	IC OBIGI	N? (Specify Yea	U.	S.A.	HAT COUNTRY? — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 XYES 2 IF YES, GIVE WAR OR DATES W. W. II-ARMY	NO		If yes, spe	city Cubin	n, Mexican	n, Puerto	Rican, atc.)	or NO-	Specify	White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S Give kind of v a. Do NOT us MACHT	work done se retired.)	during mos	N st of workin	g		. KIND OF BUS			X 2.1
BE COM	10 MACHINIST PETROLEUM EQUIPMEI 17. FATHER'S NAME (First, Middle, Last) JAMES W. MITCHELL CARRIE BOYCE								MENT			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MADELINE MARTHA MITCHELL 10303 RIVERTON RD. MARDELA SPRINGS MD 21837											
	20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) PARSONS CEMETERY 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State											
	Medelma	Ottallow	ay		CAT TO	RHEV	MA	DVI.	HOME,	R N 1		
	23. PART I. Enter the diseases, or a shock, Dr heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the de List only one cause on each line Russmann, a	eath. Bora.	not antai	r the mod	ia of dyl	ng, auch	aa car	diac or respir	ratory arr	eat,	Approximata Interval Between Onset and Death
rion	Sequentially list conditions, fi any, laeding to immediate Due to (or as a consequence of): Due to (or as a consequence of):											
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A)CONSEQUENCE OF): Toulting in death) LAST											
MEDICAL CER	PERFORMED? ANAL									WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE		
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check code code)											
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA	OTHE			ATH (Chec					
ВУ РН	27. MANNER OF DEATH 1 Actural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	7.7	URY M				28d. DES	SCRIBE HOW IN	JURY OCC	CURED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, stc. (Specify)						City	ATION (Street ar or Town, State)			ute Number,
COMPLET	(Check only	CIAN: To the best of my knowledge, de R: On the basis of examination and/or										and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

93

5/21

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

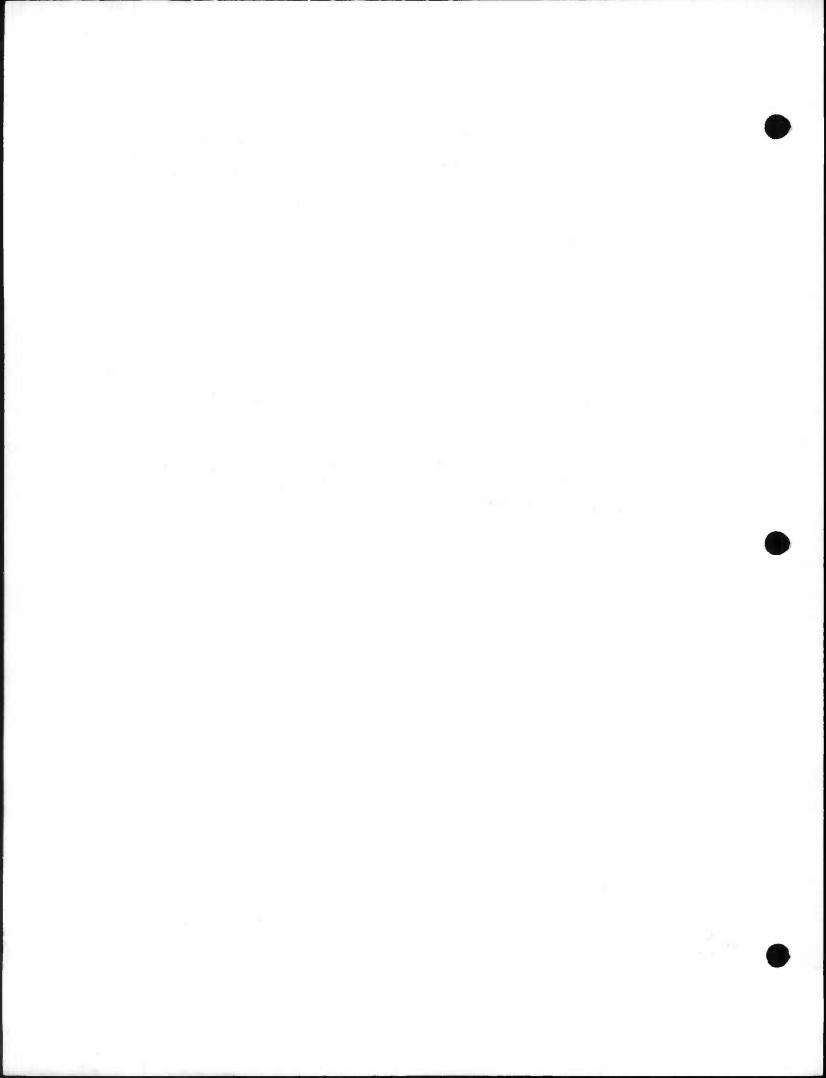
D10688

anald M. hum m 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PRMC

P.O.

Box 49, Locust & Quincy, Salisbury, MD.

32. REGISTRAR'S SIGNATURE Davidson-Randall

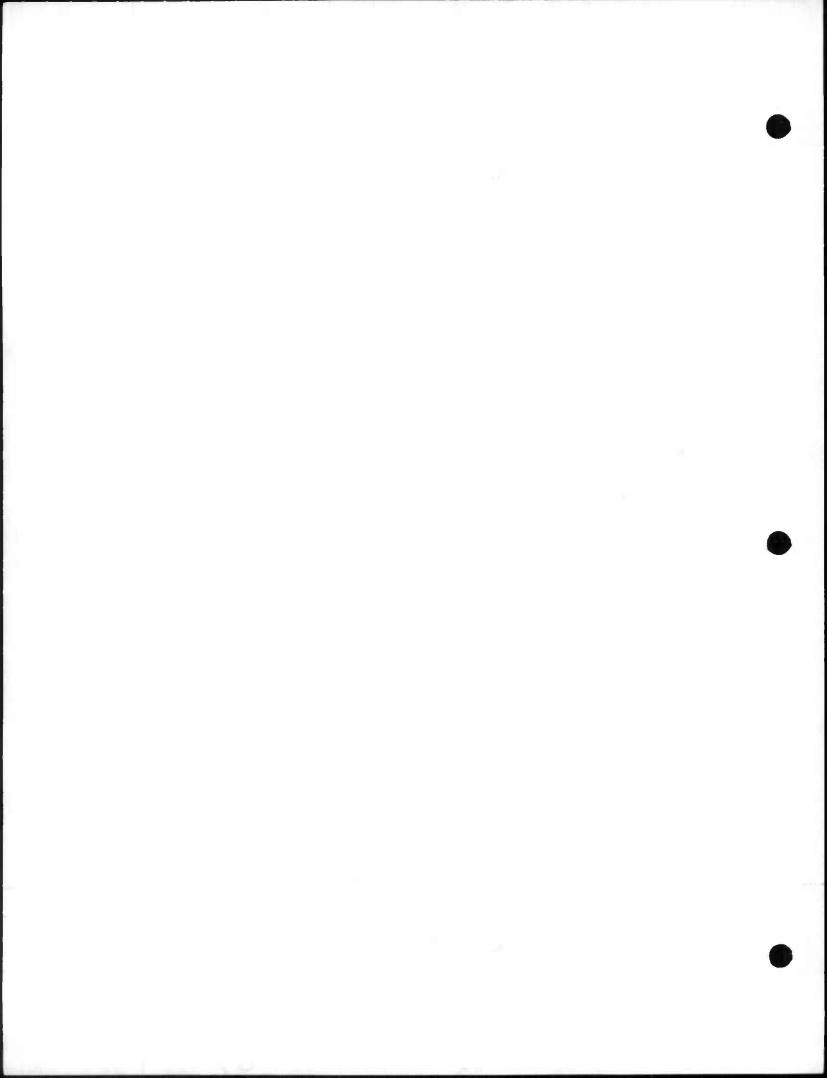


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFIC	CATE	OF DEATH	REG. I	NO.		
3	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	ANNIE MARTE 4. SOCIAL SECURITY NUMBER	MEARS					5			8:10 P.M M
	4. SOCIAL SECURITY NUMBER	d.	AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year		8. BIRTHPI Country)	LACE (State or Foreign
	217-54-5445	1 🗆 M 2		72 YRS.		noons win.	1-14-2			arvland
1	9e. FACILITY NAME (If not institution, give s	street and number)		1	b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUN	TY OF DEA	ТН
4044 Disharoon Road Eden Wicomic 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Nicomico Eden								2.0		
4					LUE	<u> </u>		I WI	COMIT	20
1	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LO	DCATION			1	Od. INSIDE CITY
	Maryland Vicomi	co		Eden					1	YES 2 X NO
1	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
	4044 Disharoon Ro	a d				21822		,,,	CA	
	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S.	ARMED	13. WAS	DECENOENT OF HISPAN	IC ORIGIN? (Specify		SA 14. BACE -	- American Indian,
1	1 Never Married 2 Married	FORCES? 1		XNO X	II yes	s, specify Cuban, Mexican	n, Puerto Rican, etc.)		Black,	White, etc.
ı	3 Widowed 4 Divorced	120,000	011 0711 20			YES 2 NO Specify			Specify:	
ı	15. DECEOENT'S EDU		16a. 1	DECEOENT'S US	SUAL OCCUP	PATION	16b. KINO OF	BUSINESS/INDU	JSTRY :	ite
I	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)		(Give kind of wor life. Do NOT use i	rk done during retired.)	most of working				
I	11 Yrs.			Cashie			Common		C+ o-	_
I	17. FATHER'S NAME (First, Middle, Last)			casilite		10 MOTHER O NA	ME (First, Middle, Maid	ience	SLOTE	ê
I								en Surname)		
I	John Maurice 19a. INFORMANT'S NAME (Type/Print)					Annie	laylor			
l	ise. In orman 3 tout (typerfing					set and Number or Rural F			Code)	
l	- Virginia Mears			4044 D	<u>ishar</u>	oon Rd., E	den, Md.	21822		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ram	oval from State		E AND DATE OF crematory or other		Name of	DATE 20c.	LOCATION — C	ity or Town	i, Stata
1	4 ☐ Donation 5 ☐ Other (Specify)					terv	5-24-93	Salish	1177	Md.
21. SIGNATURE/OF FUNERAL SERVICE LICENSEE PAYSONS LEMETERY B-74-93 Salisbury, Md.										
1	Holloway Funeral Home, 501 Snow Hill Rd.,									Hill Rd.,
╛	23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	ahock, or heart failure.	List only one cause	on each iir	deeth. Do not ne.	enter the	mode of dying, auch	as cardiec or re	spiratory arre	at,	Approximete interval Between
1	IMMEDIATE CAUSE (Finel	4	1 1	1 -						Onset and Deeth
ı	disease or condition resulting in death)	e. We	yast	atez		ew cohor	2			
OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) a									
	If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):									
	CAUSE (Disease or injury									
	that initiated events	OUE TO (OR	AS A CONS	EOUENCE OF):						
	resulting in death) LAST	d								
	DART II Oak a standilana a sadd		1.							
ı	PART ii. Other aignificant condition	e contributing to de	ith but not	resulting in	the under	ying ceuse given in I	Part I. 24a. WAS.	AN AUTOPSY ORMED?		ERE AUTOPSY FINDINGS
1							1 YES	2/2 NO	0	OMPLETION OF CAUSE F DEATH?
ı								1		YES 2 NO
۱							_			
	25. WAS CASE REFERRED TO MEDICAL			-	26	S. PLACE OF DEATH (Che	ck only one)			
	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 EF	/Outpetlant		THER:					
i	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME (Home 5 Residence	28d. OESCRIBE HON	V IN ILIEN OCCI	1050	
ı	1 Natural 5 Pending	(Month, Day,)	bar)	INJUR	ry .	WORK?	200. DESCRIBE HO	V INJUNY OCCU	JMEU	
ı	2 Accident Investigation	200 BLACE OF IN	HIPW ALL			YES 2 NO				
ı	3 Suicide 6 Could not be	28a. PLACE OF IN building, atc.	(Specify)	nome, term, stre	Het, factory, c	office	261. LOCATION (Stree City or Town, Ste	et and Number o te)	r Rural Rou	te Number,
H										
I	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, o	death occurred	at the time, o	date and place, and due	to the cause(a) and n	nanner aa state	d.	
	2 MEDICAL EXAMINE									nd menner as stated.
ł	296. SIGNATURE AND TITLE OF CERTIFIED	-1111								
	112	- 1///				29c. LICENSE NUM	79/	29d. DATE	SIGNED M	fonth, Day, Year)
	20 NAME AND SECONDS OF SECOND					1 1) 33	116		5/	47/75
	30. NAME AND ACCRESS OF PERSON WH								1	1/
	560 Riverside Dr				1					
}	31. DATE FILED (Month, Day, Year)	32 MEGISTRAR'S	HONE HOSE	2				· ·		
	MAY 2 5 1993 9	Control Control								
	/.									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.



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24 h	/ fillec	tion.	the r
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
ecuted	nd co	burial,	atic e
be ex	ician a	nor to	magu
rtificate	g phys	liene p	ther
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IAL	W.	2	=
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101	10	be fi	MP

258-45-5142 1	5:24 A M RTHPLACE (State or Foreign GEORGIA F DEATH L'TIMORE 10d. INSIOE CITY LIMITS? 1 X YES 2 NO NOT WHAT COUNTRY? I.S. A. ACE — American Indian, Black, White, atc. pacify: WHITE
A SOCIAL SECURITY NUMBER S. SEX SEX S. S	5:24 A M RTHPLACE (State or Foreign GEORGIA F DEATH L'TIMORE 10d. INSIOE CITY LIMITS? 1 X YES 2 NO NOT WHAT COUNTRY? I.S. A. ACE — American Indian, Black, White, atc. pacify: WHITE
4. SOCIAL SECURITY NUMBER 258-45-5142 90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH HARBOR HOSPITAL BALTIMORE 90. CITY, TOWN OR LOCATION OF DEATH RESIDENCE OF DECEDENTY 100. STREET AND NUMBER 26 BARKSDALE DR. 11. MARITAL STATUS 102. STREET AND NUMBER 26 BARKSDALE DR. 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RTHPLACE (State or Foreign CHONGLA) GEORGIA F DEATH L'TIMORE 10d. INSIDE CITY LIMITS? 1 Yes 2 NO DF WHAT COUNTRY? I.S. A. ACE — American Indian, Black, White, atc. pecify: WHITE
99. FACILITY NAME (if not institution, give street end number) HARBOR HOSPITAL BALTIMORE BARTIMO	GEORGIA F DEATH LTIMORE 10d. INSIGE CITY LIMITS? 1 X YES 2 NO OF WHAT COUNTRY? I. S. A. ACE — American Indian, lack, White, atc. Poecity: WHITE
99. FACILITY NAME (if not institution, give street end number) HARBOR HOSPITAL BALTIMORE BARTIMO	ITIMORE 10d. INSIGE CITY LIMITS? 1 X YES 2 NO DF WHAT COUNTRY? I. S. A. ACE — American Indian, lack, White, atc. Pecify: WHITE
10e. STREET AND NUMBER 26 BARKSDALE DR. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES ACTIVE DUTY 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) CEORGE HENRY MASCUNANA 19e. INFORMANT'S NAME (Type/Print) GEORGE H. MASCUNANA 10h. XIP CODE 31419 U 3. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 19e. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) CEORGE HENRY MASCUNANA 19e. INFORMANT'S NAME (Type/Print) GEORGE H. MASCUNANA 19e. MASCUNANA 20g, METHOD OF DISPOSITION 1 Burtal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) THE CATHOLIC CEMETERY 6/1 SAVANNAH	10d. INSIDE CITY LIMITS? 1 X YES 2 NO OF WHAT COUNTRY? I. S. A. AACE — American Indian, lack, White, stc. pacity: WHITE
10e. STREET AND NUMBER 26 BARKSDALE DR. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES ACTIVE DUTY 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) GEORGE HENRY MASCUNANA 19e. INFORMANT'S NAME (TyperPrint) GEORGE H. MASCUNANA 10e. STREET AND NUMBER 10f. ZIP CODE 31419 U 3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. B. B. If yes, apecity Cuben, Mexican, Puerto Rican, etc.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) GEORGE HENRY MASCUNANA 19e. INFORMANT'S NAME (TyperPrint) GEORGE H. MASCUNANA 19e. INFORMANT'S NAME (TyperPrint) GEORGE H. MASCUNANA 20e, METHOD OF DISPOSITION 1 M Burtial 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) THE CATHOLIC CEMETERY 6/1 SAVANNAH	LIMITS? 1 X YES 2 NO OF WHAT COUNTRY? I. S. A. ACE — American Indian, lack, White, atc. pecity: WHITE
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Secondary (0-12) Secondary (WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) L U.S. NAVY DEFEN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) GEORGE HENRY MASCUNANA ROSE MARTE CLARK 19s. INFORMANT'S NAME (Type/Print) GEORGE H. MASCUNANA SAME AS ITEM #10 20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Removal from State 20s. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) THE CATHOLIC CEMETERY 6/1 SAVANNAH	Y
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4 Donation 5 Other (Specify) THE CATHOLIC CEMETERY 6/1 SAVANNAH	
	23034 - 1912
· Oleales // Al	, UA.
MOOO91 W. W. CHAMBERS CO., RIVERDALE	. MD. 20737
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LOCATION CAUSE (Disease or injury that initiated events resulting in death) LAST LOCATION CAUSE (Disease or injury that initiated events resulting in death) LAST	Onset and Death
PART ii. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 X YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XIXYES 2 \(\text{NO} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: 26. PLACE OF DEATH (Check only one)	
27. MANNER OF DEATH 260. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
1 Natural 5 Panding	
25e. PLACE OF INJURY — At home farm street factory office	RUCK BY A V
4 Homicide determined City or Town, State)	
ROUTE 1695 NORTHBOUND BALTIMORE COUN	1.T. A
CERTIFIER Check only Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.	
2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause	e(e) end manner ee stated.
29c. LICENSE NUMBER 29d. DATE SIGN	IEO (Month, Day, Year)
O.C.M.E. > 05	(.morner, way, rour)
	26 1993
38, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
OF GEALT (HEW 21) (1998, Print)	26 1993
MARIO GOLLE M.D. 111 Penn Street, Baltimore, Marylan 31. DATE FILED (Month, Day, Year) 12. REGISTRAN, S. SIGNATURE JUN 01 1993 32. REGISTRAN, S. SIGNATURE Junia Javidson—Randalle	26 1993

DHMH-16 Rev 1/89

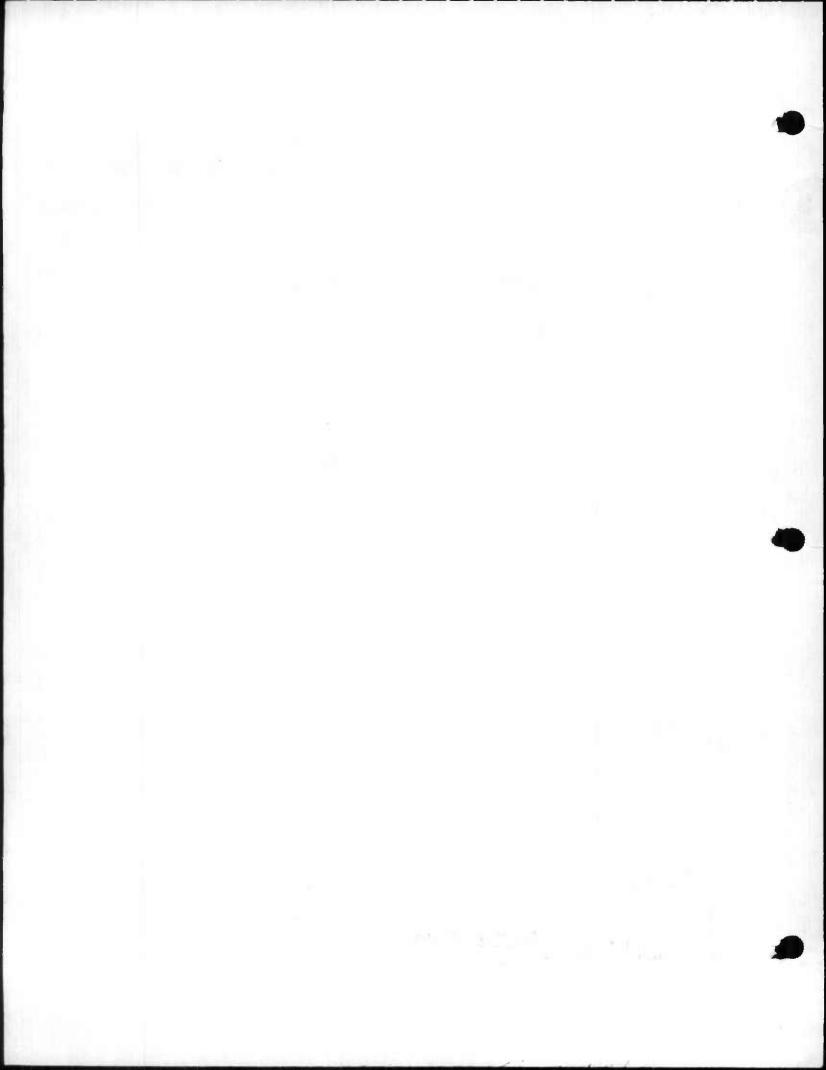
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nounce after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hind within 70 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR		CERTIFI	CALE OF	DEATH		REG. NO.			
DECEDENT'S NAME (First, Middle, Last)				MONT	OF DEATH	N.	YEAR	3. TIME OF DEATH
Osceola Novar	ro Madde	n			May	27,	1993	TEAN	10:20 P
SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		6. BIRTH Counti	IPLACE (State or Foreign
78-22-6670	1 XM 2 - F	68 YRS.	MONTHS DATE	HOURS MIN.	July	19,1	924		nington,D.
FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNT	TY OF D	EATH
3324 Bea Kay Dr	ive		Silve	r Spring			Mont	gon	ery
SIDENCE OF DECEDENT	TY	10c. CITY	TOWN OR LOCAT	TION				-	10d. INSIDE CITY
aryland Mon	tgomery	Sil	lver Spr	ring					LIMITS?
STREET AND NUMBER	Lgomery	1 013		1. ZIP CODE			10g. CITIZI	EN OF V	VHAT COUNTRY?
3324 Bea Kay Dr	rive			20904			Ilmit	he-	States
MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	CENDENT OF HISPAI					— American Indian, k, White, atc.
Never Married 2 Married	FORCES? 1 X YES			secify Cuban, Mexica 3 2 X NO Specif		Rican, etc.)		Spec	
Widowed 4 Divorced	World War	II							Black
15. DECEDENT'S ED (Specify only highest green)		16a. DECEDENT'S U	USUAL OCCUPATION ork done during most retired.)	ON ost of working	16b	KIND OF BU	SINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		e retired.)						
	2	Roofer			_	Roofin	~	_	
FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA		and a second	Surname)		
sceola H.L. Mad	lden					ardner			
INFORMANT'S NAME (Type/Print)	_			and Number or Rural					
Norma Made					Silve				land 2090
METHOD OF DISPOSITION Buriel 2 Cremetion 3 Re		0b. PLACE OF DISPOS other place)			. 12 11		CATION — C		
Donation 5 Other (Specify)		Gate of H				93 Si	lver	Spr	Ing, Md.
SIGNATURE OF FUNERAL SERVICE I	LICENSEE		M. C.	ND ADDRESS OF FA	CILITY	-	-		
			1 PICGU	rre runei	cal S	ervice	e, inc		
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shock, or heart fellum IMEDIATE CAUSE (Final sease or condition suiting in death)	s. Brain Me Brain Me DUE TO (OR AS	tastasis	7400 ot enter the mo	Georgia	Ave.	N.W.	, Wash	ning	Approximata Interval Between
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTA	L HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	R. MATH	1100	-		2. DATE	OF DEATH	y y	EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IT IMPORTAL LINE	5	24		3	6°-A M
	262-05-3473	52-05-3473 1 MM 2 F 9 6 YRS. MONTHS DAYS HOURS MIN. 9 - 3 - 1896								ALACE (State or Foreign
Œ	9a. FACILITY NAME (If not institution, give s	Α.	91	b. CITY, TOWN O	R LOCATION OF D	EATH	11.7	9c. COUNTY	OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT	enry DRI	W	2,1 ver	- 7 9 -	ins	-	100	477	romary
J.E	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Mgomes	~y > 1	101.	ZIP CODE	3	T	10g. CITIZEN		1 YES 2 NO
FUNERAL	2508 Mg	Henry	Prive		2090	14				States
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPAI city Cuben, Mexica	in, Puerto F	I? (Specify Yee Ricen, atc.)	or No- 14.	Black,	- American Indian, White, etc.
ВУ	3 X Widowed 4 Divorced	W.W. I	ES	1 🗆 YES	2 NO Specif	y:			Specify	Wh 140
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos	N at of working	16b.	. KIND OF BUS	NESS/INDUS		
PE	Elementary/Secondary (0-12) UNKNOWN	college (1-4 or 5+) unknown	Account	,			Priva			
SO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A				
BE	Robert J. Mathers	5			Mary A	lice	Campbe	2]]		
9	Patricia Orange				or. Silv					
	20e. METHOD OF DISPOSITION 1 Varial 2 Gremation 3 Gremation		PLACE AND DATE OF C	DISPOSITION (Nat		OATI		ATION — City		
- 1	4 Donation 5 Other (Specify)	Mi	tery, crematory or other ami Memor	ial Par	ck	6-3-	-98 Mia	mi, F	lor	ida
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Dona 1	d V. Bo	rgwar rgwar	dt Fur	eral :	Ham	e, P.A.
	23 DART I Enter the diseases are	2001/proof.		4400	Powder 1	Mill	Rd. Be	ltsvi	lle	Md. 20705
		List only one ceuse on ea	the death. Do not ch ilne.	enter the mod	le of dying, auc	h aa cerd	flac or reapir	atory arrest	,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARSIGE ARRAUTH MICE									
	OUE TO OR AS A CONSEQUENCE OF									
NOI	Sequentially list conditions, If any, leading to immediate Dus (or as a consequence of): ARTERIOSCIENCOTIC CARDINASCULAR DISEASE YEARS IN THE SECOND OF THE									
S	CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
		1								1
CAL	PART II. Other algnificant condition	e contributing to death bu	t not reculting in t	the underlying	cause given in	Part I.	24s. WAS AN A	AED?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED			<u> </u>			- 1	1 TES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						_			ľ	□ YES 2 (KNO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only on	e)			
1XSI	1 YES 2 NO 27. MANNER OF DEATH	2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
BY P	1 Netural 5 Pending	(Month, Day, Year)	PULNI		RK?	26G, DES	CRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 6 Could not be	26e. PLACE OF INJURY - building, stc. (Specif	- At home, ferm, stree	et, fectory, office			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
E,	4 Homicide determined								-	
COMPLETED		CIAN: To the best of my knowle R: On the basic of examination								
	29b. SIGNATURE AND TITLE OF CERTIFIER	A	IA. V. W	Water W	LICENSE NUI		end place, end			
D BE	Pan an Cul	treh &	CKGL!	MICH	101	PC	2	D 50	29	Wonth, Day, Year)
유	NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	mt) 5	/	1	111	.//		1 heron
	31. DATE FILED (Month, Day, Year)	510REN	11) 4203	JUPE	W66 92	4/6	1 44	4115	ill	1 190 181
	JUN 02 1993	githa Davidson	Manaeoc				/			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit pen be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

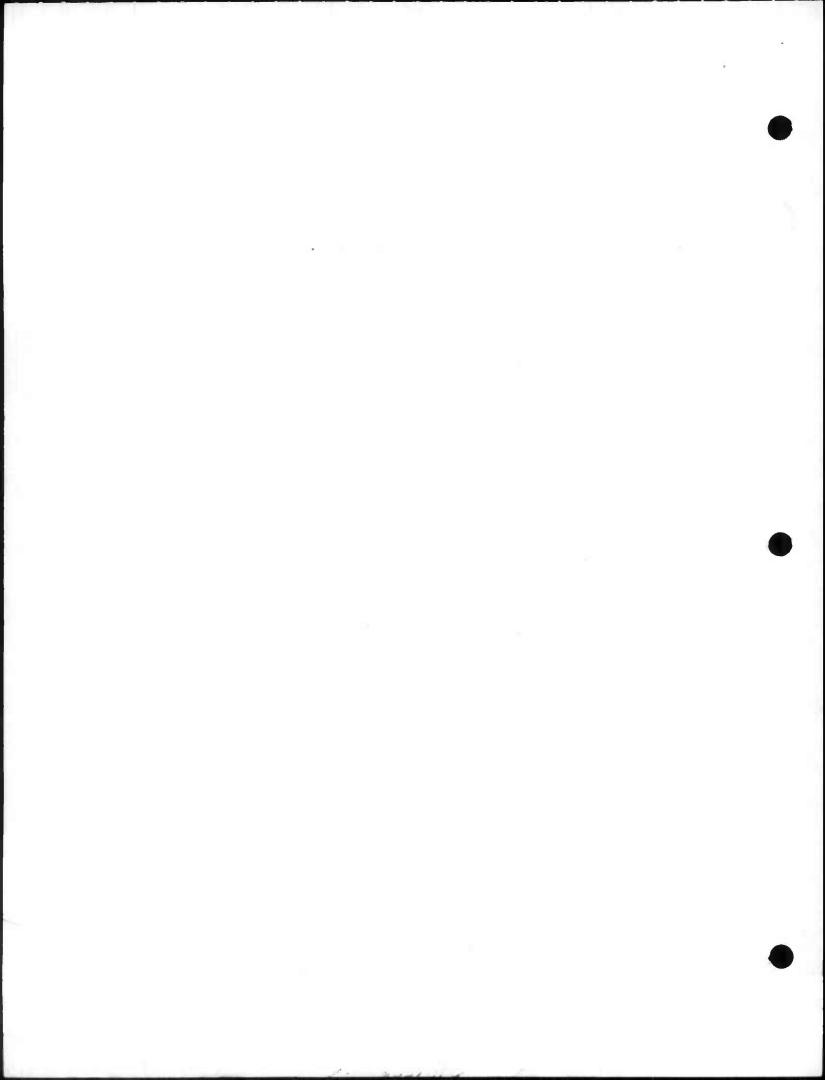
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	item 28 is marked, or ite	IMPORTANT: #
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	hours after death with the Star	be filed within 72 h
TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	OIRECTOR: After this certificat	TO THE FUNERAL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	OR ATTENDING PHYSICIAN: 1	TO THE HOSPITAL

	1 - STATE REGISTRAR	OIRIE OF MAII	CERTIF	ICATE OF	DEATH		NO.	0	17710	
	1. DECEOENT'S NAME (First, Middle, Last)	1100				2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH	
	MARJORIE	- 10(=(FIRE			05	26	93	1505 m	
	01- 011-101	1/	E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y		8. BIRTHP Country)	LACE (State or Foreign	
	1110-0-10		YRS.	-OKTHO DAYS	HOURS MIN.	08/11/	1916	God my)	PA.	
-	9a. FACILITY NAME (If not institution, give stree	et and number)	-1/ -	96 CITY, TOWN	OR LOCATION OF O	EATH	9c. CO	UNTY OF DE	ATH	
2	RESIDENCE/OF DECEDENT	EVENTST	HOSP.	Kackr	The Ma	1.	M	M19	mercy	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			1	10d. INSIDE CITY	
19	Maryland Montgon	merv	1 G	aithersb	urg	50-1-1			LIMITS?	
AL	10e. STREET AND NUMBER				. ZIP CODE		10g. Cl		IAT COUNTRY?	
FUNERAL	18700 WalkersChoic	ce Road Apt	#502	2	0879		U.S	. A .		
5	11. MARITAL STATUS	2. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAI	VIC ORIGIN? (Spec	Ify Yas or No-	14. BACE -	- American Indian, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 🗀 YES	2 NO Specif	y:	C.)	Specify	. Vices	
	15. DECEDENT'S EDUCAT	WW II	184 DECEDENT'S	USUAL OCCUPATION	ON.	Tab Kinin o	F BUSINESS/IN	1	White	
	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of title. Do NOT us	work done durina mo	ost of working	10b. KIND C	F BUSINESS/IN	IDUSTRY		
길	and the second s	4	Registe	red Nurs	e	II. S.	Army			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M				
BE	Millard M. McGirk				Ethel W	. Weakla	and			
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
-	Evelyn Hulihan		18952	Whetsto	ne Cr.,	Gaithers	sburg,	MD 20	879	
	20a. METHOD OF DISPOSITION 1 DR Burlal 2 □ Cremation 3 🗵 Ramova	I from State	b. PLACE AND DATE of the series of the serie	ther place)			c. LOCATION -		n, Stata	
	4 Donation 5 Other (Specify)		Calvary C	emetery	5/	29/93 A	Altoona	, PA		
`	DAL 0 01	0.	n					ral H	ome	
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.										
	reaulting in death) a	LOSPU DUE TO (OR AS	LATONY	Hrre	st					
-		CAPD	A CONSEQUENCE OF	ic Ol-	chieti	~ P. O			i	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):	310000	ve jac	Drice	200		
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	Inter	stitial	toby	USIS		1010			
F	that initiated events reaulting in death) LAST	O I	A CONSEQUENCE OF	f):						
H	d.	Rheur	natord	Mit	rutes					
	PART II. Other algnificant conditions of	ontributing to death	but not resulting	In the underlying	g cause given in	Part i. 24a. W	AS AN AUTOPSY		VERE AUTOPSY FINDINGS	
DICAL	Squamon	s all	Cara	noma	Lun		RFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Endometr	ial Ca	rainon	ia		0			F DEATH?	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PL	ACE OF DEATH (Ch	ack only one)				
I S	1 YES 2 NO 1	K Inpetient 2 ☐ ER/Ou		4 - Nursing Hom	e 5 🗆 Rasidence					
	1 Natural 5 Pending	(Month, Day, Year)		URY WO	RK?	28d. DEŞCRIBE I	IOW INJURY OC	CURED		
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home ferm is		rES 2 NO	201 LOCATION (S	News and Month	a Cont Co		
ETED	4 Homicide detarmined	building, etc. (Sp.	ectly)	Arrest, factory, office		261. LOCATION (S City or Town,	State)	ir or Huraii Hot	ine Number,	
29a. CERTIFIER (Check only (Check only) (Che										
29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.										
1 29h SIGNATURE AND TITLE OF CERTIFIED										
	Dazza									
1 (7)	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	PEATH (ITEM 27) (Type,	Ppipt)	1/	,		1/2	- /	
2										
ř	809 Viers	Mill x	(d	Rock	NIG :	Md				
Ĭ	31. DATE FILED (Morth, Onc. John)	MILL STREET, SEE	'd	Ruck	MILE	Md				



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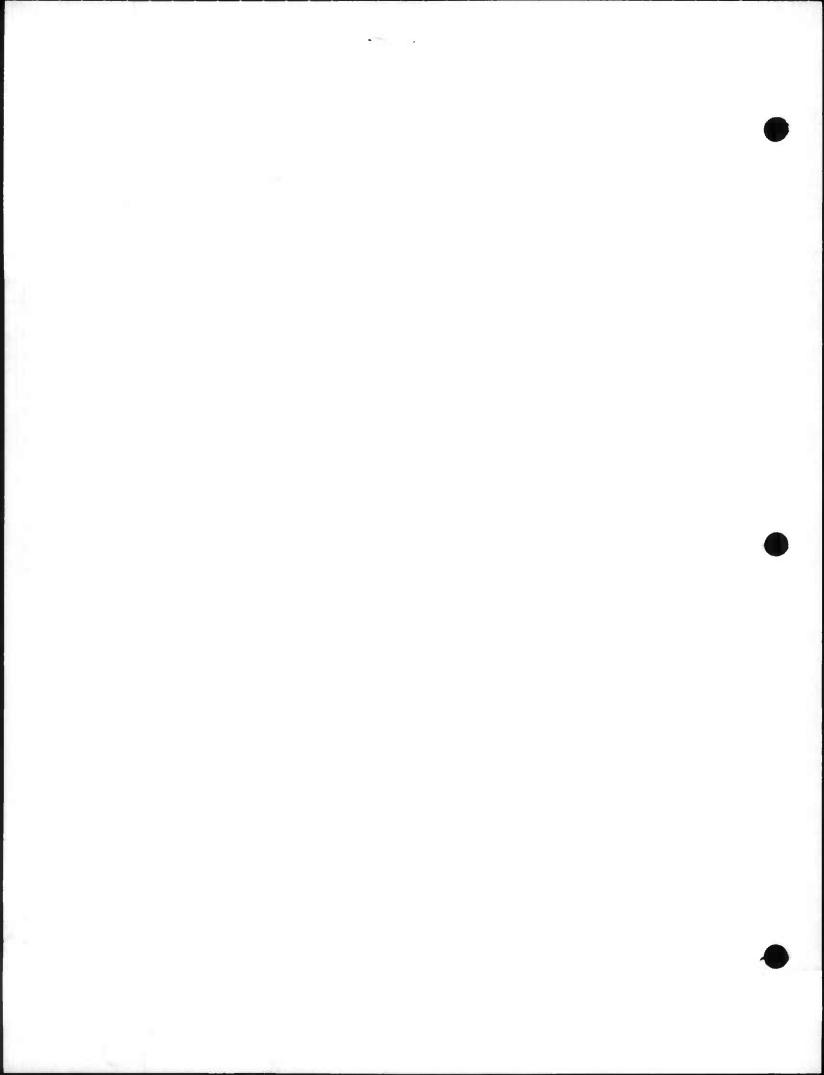
8	R	10e. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCA	NOITH
2	Ö	MD Mon	TGOMERY		Siu	ver S	PRING
sk permit.	BAL	100. STREET AND NUMBER 8211 TAHONA D					or. ZIP CODE
-0020 ng physician. the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 TING		If yes, a	CENDENT OF HI pecify Cuben, M S 2 NO S
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give	EDENT'S USU hind of work be NOT use ref	AL OCCUPAT done during m fred.) (SELF	ITCAN RI ION POST of Working EMPLOY
YLAN by the hose be detach at once.	E CO	17. FATHER'S NAME (First, Middle, Lest) MANUEL MESA					18. MOTHER S
MARYL retained by 5 should be notified at	TO B	19e. INFORMANT'S NAME (Type/Print) YOLANDA MESA	(UTEE)				and Number or R
		20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	(WIFE)	182 Ob. PLACE AN Ometery, crem FATE O	D DATE OF DE		
BALTIMORE, or death. Page 6 may be the funeral director, page wat.		21. SIGNATURE OF FUNERAL SERVICE LICE		AIL O.	r IILAV	FRANC	IS J. C
L RECORDS, P.O. BOX 68760, Itw requires that the death certificate be secured within 85 hours after as been signed by the attending physician and completely fried in by the ego, of Health and Mental Hygiene prior to burial, crematice, or remose 23 shows any injury, or other traumatic event, the medical	: MEDICAL CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERCHYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	BA RO) OT 3UC	A CONSEQUE	ENCE OF:	Lb r	
The law ste han date begin begin	PHYSICIAN:		HOSPITAL:			HER:	LACE OF DEATH
HINSICIA Mith the Mith the	BY PHYS	27. MANNER OF DEATH 27. Manner of Death S Pending Investigation	28a. DATE OF INJUST (Month, Day, Year)		26b. TIME OF	38c. iN	JURY AT ORK? YES 2 NO
ATTENDING P CTOR: After 1 after death 28 is mar	TED	3 Suicide & Could not be determined	28s. PLACE OF INJUS building, etc. (Sp	RY — At hamo secify!	s, farm, alreet	, factory, offic	16
TO THE HOSPITAL OR AT TO THE FUNERAL DIFFET De filed within 72 hours IMPORTANT: If Item 2	COMPLE		AN: To the best of my kno				
TO THE HOSPITAL TO THE FUNERAL De filed within 72	H	296. SIGNATURE AND TITLE OF CERTIFIER	Coule		m	77	29c. LICENSE
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF E	DEATH (ITEM	27) (Type, Print	821	8 111

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEAL	TH AND		HYGIENE (93	174	16
1. DECEDENT'S NAME (First, Middle, Last)	FELIPE N				2, DATE OF	DEATH	3.	TIME OF DEA	TH
FEHPE MI	esa				MONTH 5	DAY - 31 -	YEAR 93	8:39	PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (NDER 24 HRS.	7. DATE OF	BIRTH	S. BIRTHPLA	CE (State or F	oreign
579-72-5096 Se. FACILITY NAME III not institution, give st	1 N M 2 F	48 YRS. MON	CITY, TOWN OR LO			6 45	REPHR		CAN
UACHTNOTON ADVEN	TOTAL HOODEN	100	TAXONA P		AIN		NT60		
WASHINGTON ADVEN	TIST HUSPITA	£L I	IAMA I	TIME.		7,10	147 60	1007	
10a. STATE 10b. COUNTY			WN OR LOCATION				100	I. INSIDE CIT	Y
MD Mor	NTGOMERY	Siu	ien Spr	126			1 (YES 2	NO
8211 TAHONA D	Pive		101. ZIP (20903	3	USA	ZEN OF WHAT	COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDE	NT OF HISPAN	VIC ORIGIN? (S			American Indi	lan,
1 Never Married 2 Married	FORCES? 1 YES		If yes, specify (in, etc.)	Specify:	hite, etc.	
3 Widowed 4 Divorced			DOMINICA				opoury.	BLACK	-
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USUA	AL OCCUPATION			ND OF BUSINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	(SELF EM	-	0)				
8		CONTRACTO	R		CO	NTRACTOR			
17. FATHER'S NAME (First, Middle, Last)			18. 1	NOTHER'S NA	ME (First, Midd	fle, Meiden Sumame)			
MANUEL MESA				CLAUI	DINA	MEDINA			
19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Nu	mber or Rural I	Route Number,	City or Town, State, Zip	Code)		
YOLANDA MESA	(WIFE)	8211 TAH	ONA DRIV	E SII	LVER S	PRING, MA	RYLANI	2090	13
20a. METHOD OF DISPOSITION 14 Buriel 2 Cremation 3 Remo	20b.	PLACEAND DATE OF DIS	SPOSITION (Name of		DATE	20c. LOCATION —			
4 Donation 5 Other (Specify)	GA	TE OF HEAV	EN CEMET	ERY	6/3	SILVER S	PRING	MARYL	AND
21. SIGNATURE OF FUNERAL SERVICE LIC	eridez /) /		ZZ. NAME AND AD						
► (IMM\0011)	K. Colo					FUNERAL H			
23. PART I. Enter the diseases, or o	emplications that caused	the death. Do not e	nter the mode of	dvino nuci	b as cardiac	.,W. SIL.	SPR.,P	Approxim	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as	och line.			120-	rorek		Interval B Onset and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:					_		
resulting in death) LAST							1		
							- 1	-	
PAST II. Other significant conditions	contributing to death be	ut not resulting in the	e underlying cau	se given in	199	NAS AN AUTOPST PERFORMED?	OF	ME AUTOPSY PI BLABLE PRIORI IPLETION OF O DEATH?	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1/	OT	26. PLACE C	F DEATH (Che	eck only one)				
YES 2 NO		etient 3 DOA 4 D	Numing Home 5	Residence	6 [] Other (S)	secify)			
27. MANNES OF DEATH Netural 5 Peruting	(Month, Day, Year)	26h. TIME OF INJURY	3Bs. INJURY A WORK?	Service I	28d. DESCRI	BE HOW BIJURY OCC	UPIED		
2 Accident Investigation	76. BLACE OF MINOR		1 1118	2 NO					
3 Suicide & Could not be 4 Homicide determined	building, etc. (Speci	— At hame, farm, alrest, fyl	sactory, ornice		City or 7	ON (Street and Number o wen, Stale)	or Runer Route	Mumber	
	CIAN: To the best of my knowledge. On the bests of examination							j manner as s	Heled.
296. SIGNATURE AND TITLE OF CERTIFIER	7 0		29c.	LICENSE NUM	BER	29d, DATE	SIGNED (Moi	nth, Day, Year)	
200	· course	_ ~~	7 1	20	82,	46 5	- 3	>1-4	3
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	NTH (ITEM 27) (Type, Print)	8218	Wis	Con	SIN	AUR	Be	th
31. DATE FILED (Month, Day 0 04 199	32. PHENTERARY SIGN								N

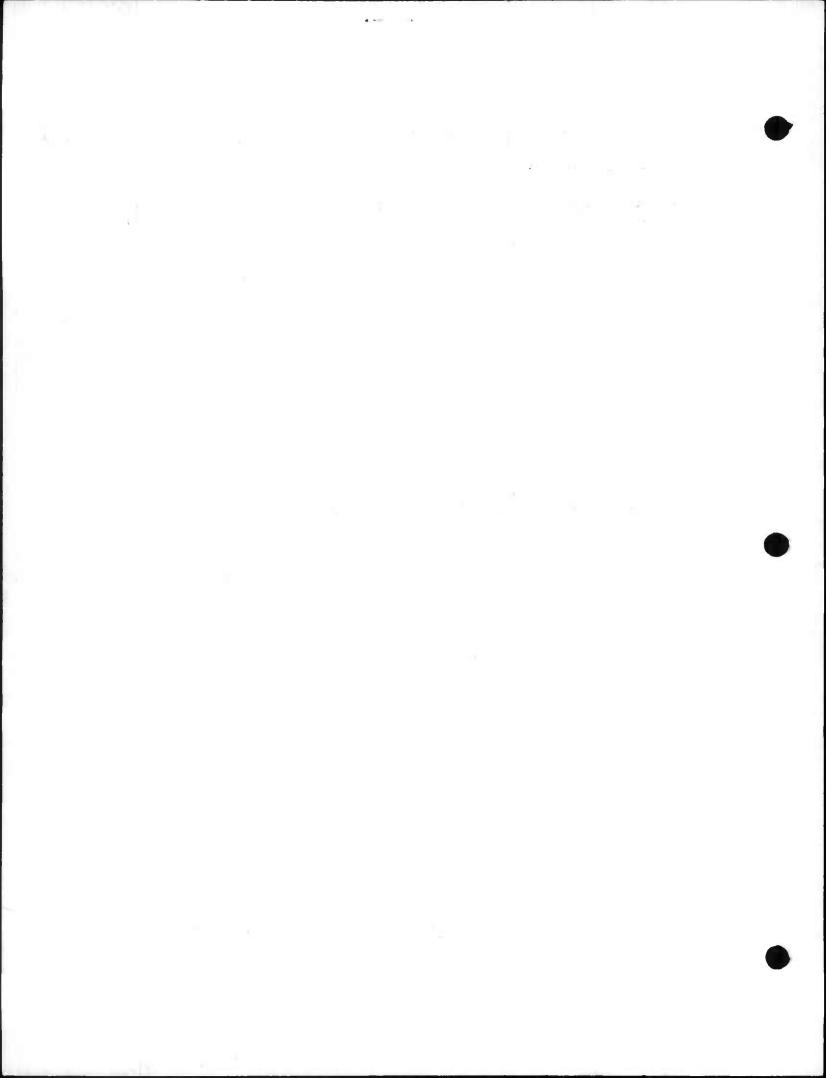
Mas ... 1

BALTIMORE, MARYLAND 21215-0020

10	3	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE O	F DEATH	W	YEAR	3. TIME OF DEATH
				Charle								0.5	2.		93	4:15 p
	Œ	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE	(In yrs. las		IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE Of	F BIFTH Day, Year)		8. BIRTHP	LACE (State or Foreign
Pin		218-14-9325		1 🔀 M 2 🗆 F	<u></u>	89	YRS.						10/04		Flor	ida
3 should		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Citizens Nursing Home Havre de Grace											mu -	TY OF DE		
が	СТОВ	RESIDENCE OF DEC	EDENT	sing no	me				нач	re d	le G	race			Harf	ord
CENT	DIREC	10e. STATE	10b. COUNT				10c. CIT	Y, TOWN	OR LOC	ATION			_			10d. INSIDE CITY LIMITS?
3		Maryland		Harfor	<u>d</u>		Ab	erde	en							1 YES 2XXNO
-1	FUNERAL	10s. STREET AND NUMBER	1.			_			11	Of. ZIP COD	_					HAT COUNTRY?
transi	N	1513 Sout	h Phi	ladelphia							001				S.A.	
physician. burial-transit		1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 N	MED O	13.	If yes, s	pecify Cub	an, Mexica	NC ORIGIN? n, Puerto Ric		or No-		— American Indian, White, etc.
2 2	B	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR D	MIES			1 YE	S 2X NO	Specif	y:			Specify B1	ack
use as	ETED.		EDENT'S EDU				CEDENT'S			TION nost of world	ina	16b. H	IND OF BUS	SINESS/IND		
tal or		Elementary/Secondary (0-		College (1-4 or 5	+)	He.	Do NOT u	e retired.)		TOOL OF WORK	· · · ·					
the hosp detached	COMPL	12		2		Ci	vil :	Serv	ice				.S. G			
be der		17. FATHER'S NAME (First, Mi	_									ME (First, Mic	ktle, Maiden	Sumame)		
d bed b		James S.		-		404	MAILING	AODREO	C (Change)	4.00	ina :	77	0 11 -			
y be retained kage 5 should be notified		Mrs. Camil	lle Ne	aly		190	1513	3 So	uth	Phil	adel	phia l	Blvd.	, Stutu, Zip , Abe	rdee	n, 21,001
e 6 ma ector, p		20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 4 Donation 5 Other	n 3 🗆 Ren	noval from State	20b	Spen	NDDATE	OF DISPO	SITION /A	Vame of		5/2	20c. LO	CATION —	City or Tow	
death. Pag tuneral dir I.		21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE				22.	NAME A	AND ADDRE	SS OF FA	CILITY	_			
0 = 0		Harry	K. N	Li Mia	an	mi		_ .	Aber	rdeen	, Ma:	o Fune ryland	d 21	001–3	1399	•
nours after of in by the or removal.		23. PART I. Enter the dishock, di he	seases, Dr eart fsliure.	complications the List only one cau	it caused	d the dea	ith. Do r	not ente	the m	ode of dy	ing, suc	h as cardia	c or respi	ratory srr	eat,	Approximate Interval Between
by filled i		IMMEDIATE CAUSE (Fin	si		MA	onl-	//	2	, ,	. 16	,	110	00	-		Onset and Deat
completely fille ial, cremation, event, the		resulting in death)	→	a(MX	U/C	-10	24	on,	4KI		ARRE	5%			
8 9 = 9	1 1		_	DUE 10	(OH AS A	A CUNSEQ	UENCE O	F):								
	CATION	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS	CONSEC	UENCE OF	F):								
n certificate be es nding physician a Hygiene prior to or other traum	3	CAUSE (Disease or Injury c. /// / CAUSE (Disease or Injury c.														
ing phy giene p	ERTIFI	that initiated events resulting in death) LAST														
E	100	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
requires that the death been signed by the atter of Health and Mental I shows eny Injury, o	L C	PART II. Other significan	nt condition	ns contributing to	death b	out not re	suiting	in the u	nderiyir	ng cause	given in	Part I. 2	4a. WAS AN	AUTOPSY	24b. \	MERE AUTOPSY FINDINGS
ed by the th and the and the and the the the the the the the the the the	MEDICAL	CVA		SASTROSION	WY.		MU	CT. I	Seci	BiT	-		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires the een signed of Health a shows em	H H	EVA CASTRUSIONY. M STASTIC PARACYSIS &							4SCUD.						OF DEATH?	
been of of she	ä	BEMENTIA	2				Mi									
V: The law icate has I State Dept Item 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL						PLACE DF	DEATN (Ch	ock only one)				
rsician: The law rice certificate has been the State Dept. d. or Item 23 s	1 > 1	1 TES 2 NO		HOSPITAL:	ER/Outp	patient 3	□ DOA	4 X Nu		me 5 🗆 R	esidence	6 Other (Specify)			
PHYSICIAN: The law this certificate has b with the State Dept.	PHY	27. MANNER OF DEATH 1 Natural 5 F	Pending	26a. DATE OF (Month, D			26b. TIM INJ	E OF URY		JURY AT		26d. DESC	RIBE NOW II	JURY OCC	URED	
Wither the leath	B	2 Accident	nvestigation	20 - PI ACE O	E IN HIPP			М		YES 2	NO					
E HOSPIJAL OR ALTENDING PHYSIC E FUNERAL DIRECTOR: After this co d within 72 hours after death with ti ATANT: If Nem 28 Is marked.	ETED		Could not be letermined	28e. PLACE O building,	etc. (Spec	— At nor	ne, term, s	street, tac	tory, offi	ce			ION (Street a Town, State)	nd Number	or Runal Ro	ute Number,
L DIR	12	29a. CERTIFIER (Check only	FYING PHYS	ICIAN: To the best of	my know	rledge, des	th occurre	d at the	ilme, dat	and place	, and due	to the cause	(a) and man	ner an state	ıd.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 MPORTANT; If	COMPL	one) 2 MEDIO	CAL EXAMINE	ER: On the basis of er	xaminatio	n and/or Ir	rvestigatio	n, in my	opinion,	death occu	red at the	time, date ar	nd place, and	d due to the	cause(a)	and manner as stated.
TO THE HOSPIN TO THE FUNERA De filed within 7 IMPORTANT;	E C	29b. SIGNATURE AND TITLE	OF CERTIFIE	n/ .						29c. LIC	ENSE NU	IBER		29d. DATE	SIGNED (Month, Day, Year)
5 5 5 W	TO B	Compo X.	Bean	blo AP.						0	142	800	_	•	5.2	6.93
		30. NAME AND ADDRESS DE	PERSON WI	O MO	SE OF DE	ATN (ITEM	127) (Type,	Print)	ind	1 A	6	4016	11	IA	210	78
		31. DATE FILED (Month, Day,)	,03 eau)	32 AEGISTRA	A'S SIGN	ATURE	- Indian),	0,00	1,01	1	, 40	, ,,,,,	10	~/ -	
		THI CO	JU	TUNUVI	-wwiak	101 A-N	- I forestern	_								



		1 - STATE OF MARYLAND	D / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E				
		1. DECEDENT'S NAME (First, Middle, Last) JOHN F. O.	Brien			2. DATE OF DEATH DATE OF	y - 199	3. TIME OF DEATH D			
		4. SOCIAL SECURITY NUMBER 222 - 16 - 2953 1 M M 2 - F 6. AGE (In yrs.	MOM	MOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-11-1931	1 0	BIRTHPLACE (State or Foreign Country) DE			
3 should	S.	Harford Metwrial Hospi	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH			
jes 1. 2.	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		WN OR LOCAT		ue, riai	T IOCT	10d. INSIDE CITY			
permit. Pages 1.	AL DIF	MD Cecil		Color	'A ZIP CODE			1 YES 2 NO			
ist.	띪	1574 Colora Road			2:	1917		USA			
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced 12. Was occedent even in u.s. FORCES? 1 ∑ YES 2 IF YES, GIVE WAR OR DATE KOPean War	□NO	If yes, spe	ENDENT OF HISPAN belfy Cuben, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.) :		RACE — American Indien, Bleck, White, etc. Specify: White			
2 9 2	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of work of life. Do NOT use reti	AL OCCUPATIO fone during mos red.)	N st of working	16b. KIND OF BUS	INESS/INDUST	RY			
	COMPL	12 17. FATHER'S NAME (First, Middle, Last)	Disab	led							
YLA by the d be de	BE CC	William O'Brien				ME (First, Middle, Meiden Elizabeth N		erv			
MARYLAND retained by the hospit 5 should be detached notified at once.	10	Mrs. Mary E. Fetters			nd Number or Rural I	Route Number, City or Town	n, State, Zip Cod	io)			
RE, may be r. page		20e. METHOD OF DISPOSITION 1	CEAND DATE OF DIS	SPOSITION (Na	me of		CATION — City	or Town, State			
FIMO . Page 6 ral directo		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	aware Ve	22. NAME AN	O ADDRESS OF FA	CILITY		Delaware			
BALTIN after death. Pag y the funeral di noval. cal examiner		Leadlesi & Smit		Havre	e de Gra		21078-	3197			
in 24 hours ely filled in thation, or ref		23. PART i. Enter the diseases, or complicatione that ceused the ahock, or heert fellure. List only one ceuse on each immediate Cause (Final disease or condition resulting in deeth) DUE TO (OR AS A CON-	deeth. Do not e	Pax	of dying, such	h as cerdiec or reepi	retory arreat,	Approximata interval Between Onset and Death			
BOX 68760, In the executed with prices and complete price to burial, crem traumatic event	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	P		<u> </u>	0 1					
or ather	ERTIF	that initiated events resulting in death) LAST									
RECORDS, w requires that he of been signed by the ct. of health and file I shows any Injury	MEDICAL	PART II. Other eignificent conditions contributing to death but no	ot resulting in th	e underlying	cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ITAL The law cate has b State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 1		HER:	ACE OF DEATH (Ch						
ertife C	PHYS	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJI WOI	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURI	ED			
	D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Codid not be building set (Specify)		M 1 🗆 Y	ES 2 NO	281. LOCATION (Street of	and Number or F	tural Route Number,			
VIS ATTE ECTOF In 28	ETE	4 Homicide Setermined building, etc. (Specify)				City or Town, State)		Management of the second			
HOSPITAL OR FUNERAL DIRI WITHIN 72 hour TANT: If Item	COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end						use(s) and menner ea stated.			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11/1). 	29c. LICENSE NUM	IBER 66	29d. DATE 410	GNED (Month, Dgr., Year)			
	٦	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (7 57	Um	lon of	To Hall	mo d	b Graco			
		31. DATE PILED (Month, Dev., Year) 32. REGISTRAT'S SIGNATUR IN 07 '93 Julia Davidson-Ron	dell								



PATORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

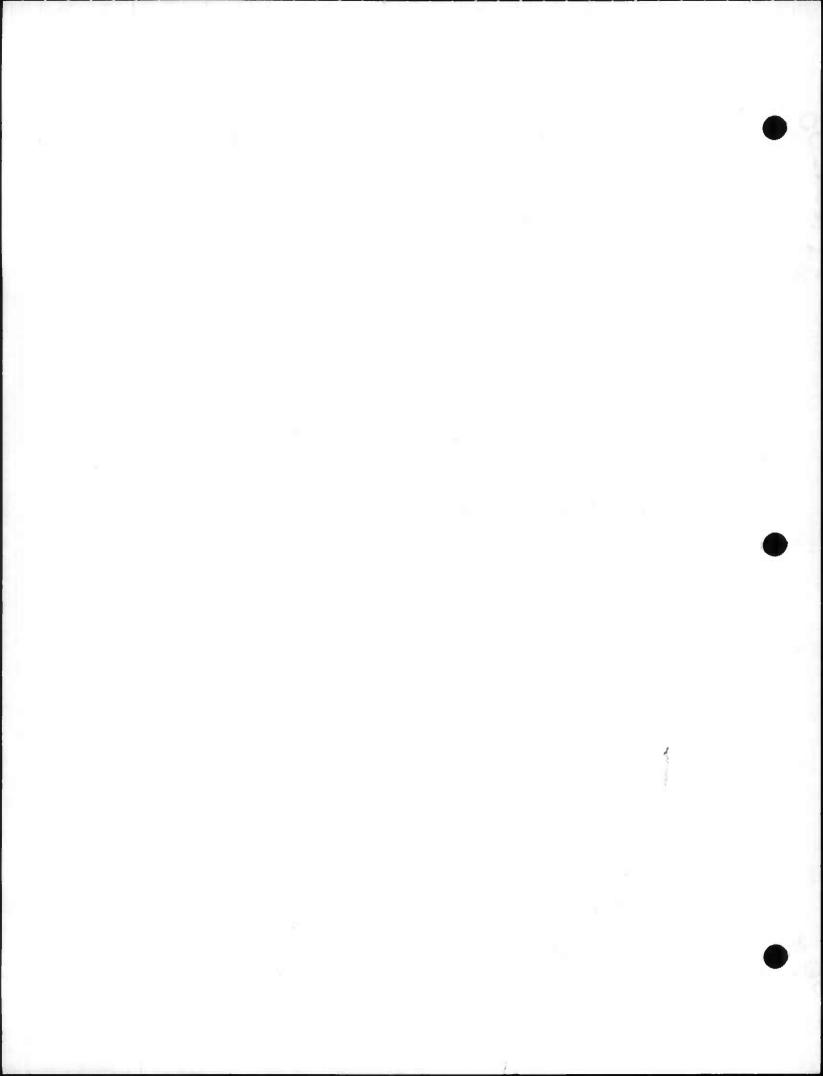
FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.					
		2326	ORRIS	02		2. DATE OF DEATH	P43 9.	3 0034 Am				
	A FT 10 1.10			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 3,	1022 1	BIRTHPLACE (State or Foreign Country) Vest Virginia				
	9a. FACILITY NAME (If not institution, give stre	set and number)			OR LOCATION OF D	EATH J	9c. COUNTY					
TOR.	Frederick Memoria	l Hospital		Fre	derick		F	rederick				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	rederick	10c. CITY, 1	Fred	non lerick		4	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	8216 Glendale Dri	ve		100	ZIP CODE 21702	2		OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes, sp	ENDENT OF HISPAL ecity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	68 or No. 14.	RACE — American Indian, Black, White, etc. Specify: White				
TED	15. DECEDENT'S EDUCA (Specify only highest grade or	NTION ompleted)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during mo	ON st of working	16b. KIND OF B	USINESS/INDUST	RY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Secreta			Newsp	aper Di	stribution Co.				
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Willie H. Whitmo	re			18. MOTHER'S NA	ME (First, Middle, Maide P. Hawki	n Sumame)					
TO BE	19a. INFORMANT'S NAME (Type/Print) Glenn B. Orrison		19b. MAILING AE	Clendal	nd Number or Aurel e Drive,	Route Number, City or To Frederic	wn, State, Zip Cook, Mary	1and 21702				
	20e_METHOD OF DISPOSITION 1	rel from State	PLACEANDDATEGE	DISPOSITION (No	me of	0.475 200.1	OCATION OF					
	21. SIGNATURE OF FUNERAL SERVICE LICE	C ball	7 / MQ0021	Kee	ney and	Basford F	uneral	Home				
	23. PART I/ Enter the diseases, or co	molications that counsel		106	East Ch	urch St.	Freder	ick. Md. 21701				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. NEPHROTIC SYNDROWE											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
IFIC/	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):									
H	resulting in death) LAST											
	PART II. Other significant conditions		at not resulting in t	he underlying	ceuse given in	Part I. 24a, WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS				
EDICAL	Protein Chion	LIE MAKNU	-			1) YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ	Frately CALOR	LIE MINEDO	MITISTI					1 TYES 2 THO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)						
IXSI		I Inputient 2 ER/Outpu	itlent 3 DOA 4			8 Other (Specify)						
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME O	WO		28d. DEŞCRIBE HOW	INJURY OCCURE	D				
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, streety)	et, factory, office		28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA ONE)	AN: To the beat of my knowle	edge, death occurred a	t the time, data	and place, and due	to the cause(s) and ma	nner sa stated.					
S = C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
TO BE	Allest 8. 1h				0295	55	▶ 5	113/13				
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Type Pri	ne)								
		ohnom UR	Inene	RILIV	MO	21702	/	′				

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RECORDS,	
OF VITAL	
DIVISION	

_		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yr	TOWAT CLASS IN THE WORLD TO THE	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) Apr 22, 19	7.5	BIRTHPLAC	O 739 A M CE (State or Foreign	
, 2, 3 should	стов	90. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital RESIDENCE OF DECEDENT	9b. (r LOCATION OF DEL		9c. COUNTY Frede	OF DEATH	1	
permit. Pages 1,	DIRECTOR	Maryland Frederick	10c. CITY, TOV	Frede					LINSIDE CITY LIMITS?	
	FUNERAL	10e. STREET AND NUMBER 28 West All Saints Street		101	ZIP CODE	1701	10g. CITIZEN	OF WHAT		
21215-0020 al or attending physician. for use as the bunal-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	2 X NO	If yes, spi	ENDENT OF HISPANI ocity Cuban, Mexican 2 X NO Specify:		- 32		American Indian, Inte, etc.	
212	APLETED	(Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work of He. Do NOT use retin	one during moded.)	st of working	166. KIND OF BUS			nity Ctr	
MARYLAND 2 - ined by the hospital - hould be detached to notified et once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lost) Harry Edward	OFFO	RD	16. MOTHER'S NAM Carri	IE (First, Middle, Maiden			IALL	
≥ 8 5	10	Mrs. Rebecca L. Saunders				oute Number City or Town derick, Ma		,	'0 1	
or must be		20a. METHOD OF DISPOSITION 1 Burlel 2 © Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ACE AND DATE OF OIS ty, cremetory or other plants (Cremat	ory 5/	12/93 Smi	ithsbur			
BALTIN hours after death. Per din by the funeral din or removal. medical examiner		· Charles & Arch	111	Charl 1922	Forest D	cks III Fu rive, Anna	apolis,	MD	ice 21401	
in 24 Bly fille ation,		23. PART I. Enter the diseases, or compileations that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	ance i		da of dying, such	as cardiac or respi	ratory arrest,		Approximate interval Between Onset and Death	
BOX 68 ate be execute hysician and c prior to buris	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated sense).								
OS, P.O. B the death certificat the attending phy Mental Hygiene p Ijury, or other	CERTIF	that initiated events resulting in death) LAST	HISEOUENCE OF):					İ		
RECORD; requires that the een signed by the of Health and M shows any Infu	: MEDICAL	PART II. Other significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant conditions contributing to death but reached the significant contributing to death but reached the significant conditions contributing to death but reached the significant contributions contributing to death but reached the significant contributions contributing to death but reached the significant contributions contribu	ut not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS PERFORMED? 1 □ YES 2 □ No						Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
F VITAL SICIAN: The law certificate has b the State Dept. , or item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: HOSPITAL: Hospitent 2 ER/Outpetie		HER:	ACE OF DEATH (Che					
O FF start of	ву РНУ	27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 2 Accident Investigation	26b. TIME OF INJURY	28c, INJI WO 1 1 7	URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURE	iD		
VITENDI VITENDI CITOR: A after d after d	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office		281. LOCATION (Street a City or Town, State)	ind Number or Ri	ural Route	Number,	
로 국 R =	COMPL	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER: Dn the bests of examination and			eath occured at the t	ime, date and place, an		use(a) and	I manner as stated,	
TO THE HOSPI TO THE FUNER be filed within	TO BE	200. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEATH			DLL	BER	29d. DATE \$10	MED (Mon	sth, Day, Year)	
1		31. DATE FILES, PAINTE, Die, West 32. REGISTRAF'S SIGNATU	15 for		ay	Juden	1 hr	1		
		MAY 1 2 1998 Julia Tavido	on Randale	, ,						

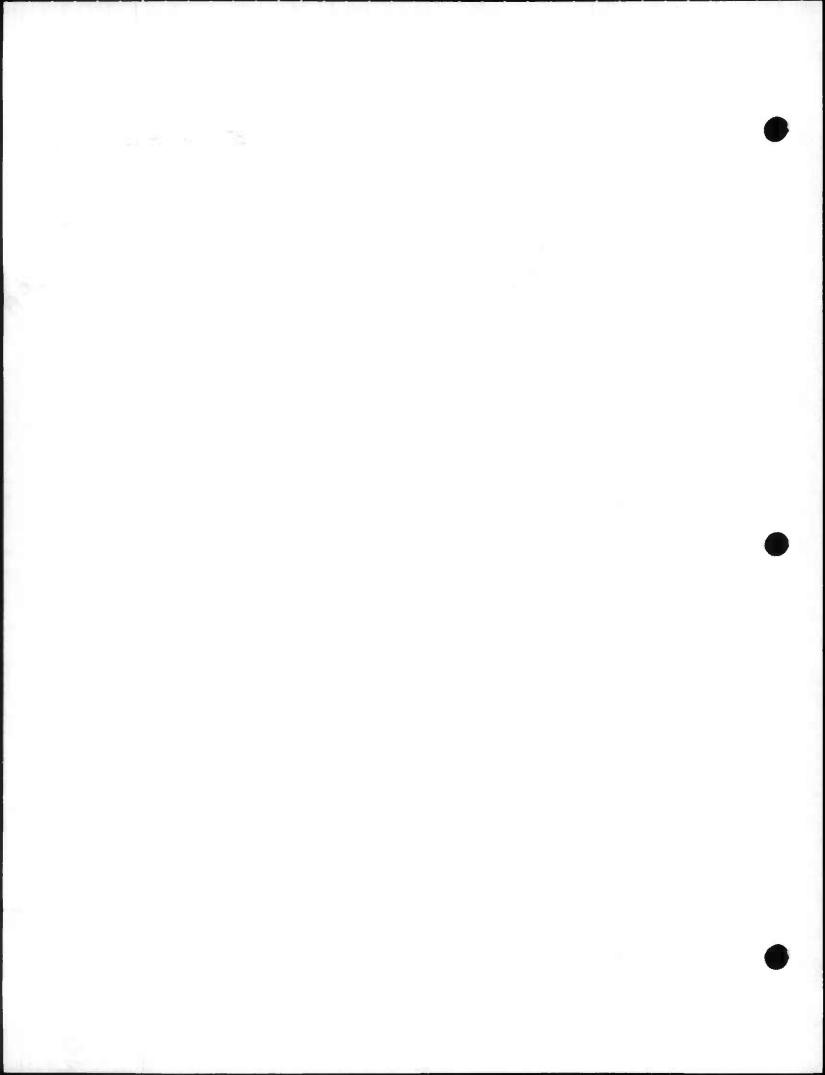


BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the huspital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Sp	WE	를	F
오	3	Wil	M
Ψ	뽀	9	OR
E	E	1	4
2	2	8	=

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	FOR STATE REGISTRAR		STATE OF I	MARYLAND C		RTMENT				MENTA	L HYGIE!		3 i	1421
23	1. DECEDENT'S NAME (First		pard	Owens		4				2. DATE	E OF DEATH	ž 19	43	3. TIME OF DEATH 2:49 P M
	4. SOCIAL SECURITY NUM 290-18-786		5. SEX 1 ☐ M 2 📉 F	6. AGE (In yrs. In	et birthday) 1 YRS.	IF UNDER	DAYS	IF UNDES	R 24 HRS, MIN.	7. DATE Jan	OF BIRTH	922	8. BIRT	HPLACE (State or Foreign try) Ohio
TOR	Frederick RESIDENCE OF DE	Memori		tal		Fred		ck.	ION OF DE	EATH			deri	
DIRECTOR	10a. STATE	106. COUNT				v, town o								10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER				Iwai	RCIS	101	1. ZIP COD	-			U.S		WHAT COUNTRY?
84	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 N Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2.	RMED NO	H	MAS DEC	ENDENT (OF HISPAI	n, Puerto	IN? (Specify Ye Rican, etc.)		14. RAC	CE — American Indian, ck, White, etc. city: White
COMPLETED		CEDENT'S EDU ily highest grade 0-12)		+) (6	ECEDENT'S Sive kind of a. Do NOT u	USUAL OC work done d se retired.)	CUPATIO Juring mo	ON est of world	ng		Real Es			
BE CON	17. FATHER'S NAME (First, A Frederick	E11	sworth	Wolf							Middle, Maide			
10	Sally Hobt			- 1							nber, City or To			21793
	20a. METHOD OF DISPOSIT 1 Burial 2 Cremative 4 Donation 5 Other	r (Specify)		20b. PLACE cornetery, cr Smith	ematory or o	ther plece)	emat	orv		5/9	/93 St	niths	burg	. Maryland
	21. SIGNATURE OF FUNERA	AL SERVICE LI	L Z.	emm	er						.621 O _l Freder:			m Pike land 21702
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): d.													
PHYSICIAN: MEDICAL C		death but not	but not resulting in the under			g cause	given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO			24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
rsicia	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER 4 Nurs	1:	ACE DF D			er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending investigation	26a. DATE OF (Month, D	INJURY lay, Year)	28b. TIN	IE OF JURY M		URY AT ORK? YES 2 [ND	28d. DE	SCRIBE HOW	INJURY OC	CURED	
	n	Could not be determined	28e. PLACE C building,	F INJURY — At he etc. (Specify)	ome, farm,	street, facto	ory, offic	•		281, LOI C/h	CATION (Street or Town, State	and Numbe	r or Rurel	Route Number,
COMPLETED			ICIAN: To the best of a											(s) and manner as stated,
TO BE (29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O			D-				29c. LIC	ENSE NUI	MBER		29d, DA1	57 d	D (Month, Day, Year)
	Jeffrey N. 31. DATE FILED (Month, Day,	Cowen	M.D., 3				et,	Fred	lerio	ck, l	Maryla	nd 2	2170	1
			993 Jul		- Pand	Labor.								14/3

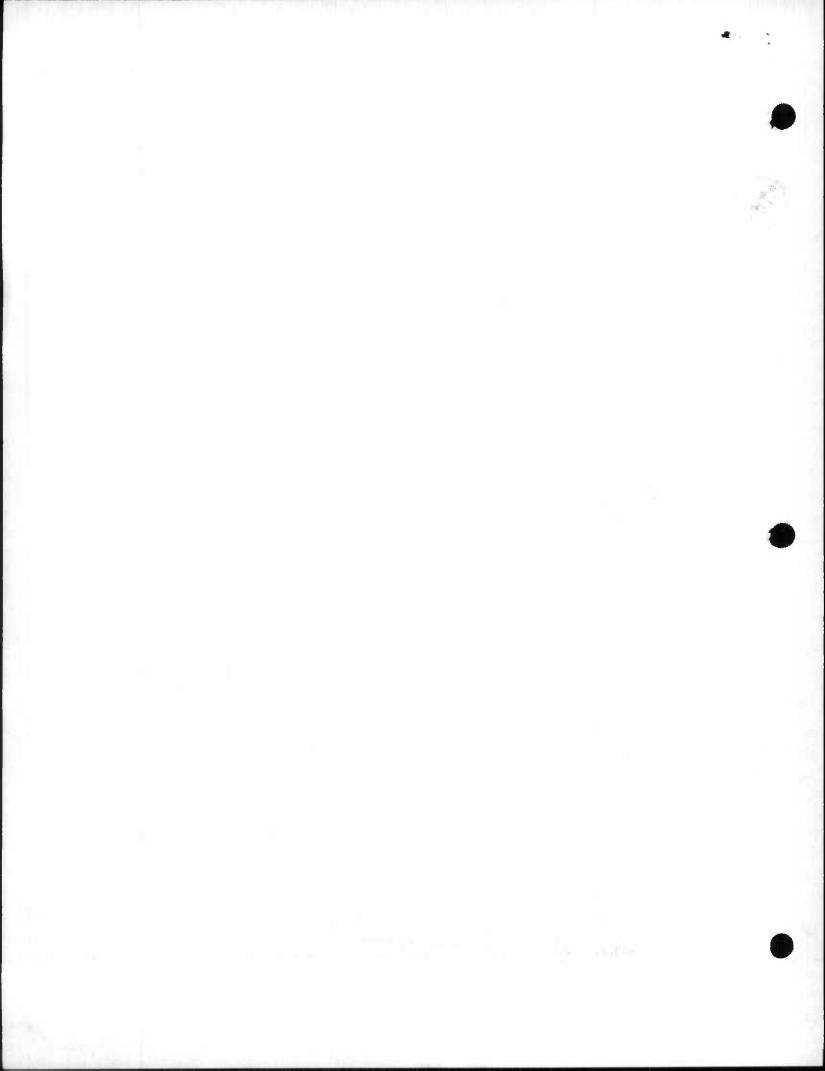


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	TIFICATE (OF DEATH		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH	
	Catherine V.	Ohler				MONT 6	н о	AY 1 1	993 5100 H, M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birth		AR IF UNDER 24 HR	s. 7. DATE	OF BIRTH		8. BIRTHPLACE (State or Foreign	
	213-05-7415	1 🗌 M 2 💢 F	77 YI	RS. MONTHS D	YS HOURS MIN	M. (Mont	29-19		Maryland	
~	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	WN OR LOCATION O	F DEATH		9c. COUN	TY OF DEATH	
0	148 Liberty Street Westminster Carroll									
EG	10a. STATE 10b. COUNT	Y	100	. CITY, TOWN OR L	OCATION				10d. INSIDE CITY	
PIN	Maryland Car	rroll		Westmin					LIMITS?	
A.	10e. STREET AND NUMBER				10f, ZIP CODE			10g, CITIZ	1 YES 2 NO EN OF WHAT COUNTRY?	
FUNERAL DIRECTOR	148 Liberty Stre	et			2]	L157			U.S.A.	
5	11. MARITAL STATUS		EVER IN U.S. ARMED	13. WAS	DECENDENT OF HIS	SPANIC ORIGIN	17 (Specify Yes	or No—	14. RACE — American Indian,	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 TNO		s, specify Cuban, Ma: YES 2 XNO Sp	xican, Puarto I secify:	Rican, etc.)		Black, White, etc. Specify: White	
		1								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kin	NT'S USUAL OCCU d of work done durin OT use retired.)	PATION g most of working	16b	. KIND OF BU	SINESS/INDU	STRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5+		Seamstres		E	nglis	h Amei	rican	
N	17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S	NAME (First, I	distant destates	0		
Ö	Percy L. Leppo					sta V.				
8E	19a, INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (St	eet and Number or Ru	rai Route Numi	ber City or Tow	m. State. Zip (Code)	
5	Doris R. Handle	ey.			Shop Rd					
	20a. METHOD OF DISPOSITION 1 ₩ Burial 2 ☐ Cremation 3 ☐ Rem	out from State	20b. PLACE AND D	ATE OF DISPOSITIO		DAT			ity or Town, Stata	
	4 Donation 5 Other (Specify)		Krider	s Cemet	ery	6/4	1 Wes	tminst	ter, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son Funeral Home									
	Namus X.	thelehr.	1/	254	East Mai	n St.	. a so Westm	inste	r, Md. 21157	
	23. PART i. Enter the diseases, or o	omplications that	caused the death.							
	ahook or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final Onset and Death									
	disease or condition resulting in death)	H	SCV							
		DUE TO (OR AS A CONSEQUENCE	CE OF):						
N	Sequentially list conditions,	b								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENC	E OF):						
윤	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENC	E OF):						
E	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	DART II OIL - I - III III									
DICAL	PART II. Other aignificant condition	s contributing to d	leath but not result	ing in the under	ying cause given	in Part I.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ا ق						— I	1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
Σ									1 TYES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL									
泛	EXAMINER?	HOSPITAL:	500000000000000000000000000000000000000	OTHER:	B. PLACE OF DEATH					
¥	27. MANNER OF DEATH	26a. DATE OF I	ER/Outpatient 3 DO		Home 5 Rasiden	ce 6 Other	(Specify) CRIBE HOW II	N ILIEN OCCI	IDEA	
	1 Natural 5 Pending	(Month, Day	(Year)	INJURY	WORK?	200.023	CHIBE HOW I	NJUNI OCCU	INEU	
BY BY	Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At home, fe			261. LOC/	ATION (Street s	and Number o	r Rural Route Number,	
	4 Homicide determined	building, a	tc. (Specify)			City	or Town, State)			
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of n	y knowledge, death oc	curred at the time	data and place, and a	due to the sou	(a) and			
COMPLETED									cause(a) and manner as stated.	
	29b. SICHATURE AND TITLE OF CERTIFIER		1		29c. LICENSE		(E)			
BE	-am st	AN	Z bur h		73.	351		► /.	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27)	Type, Print)	1111	276		V	1-11	
	James L.	TOTS	berg.	nns	912 W	Jash	inct	on R	0 21157	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	- NO			J	- 1 .	ALL DOLD	
	ED, CIVIII							4 No. 5 A		



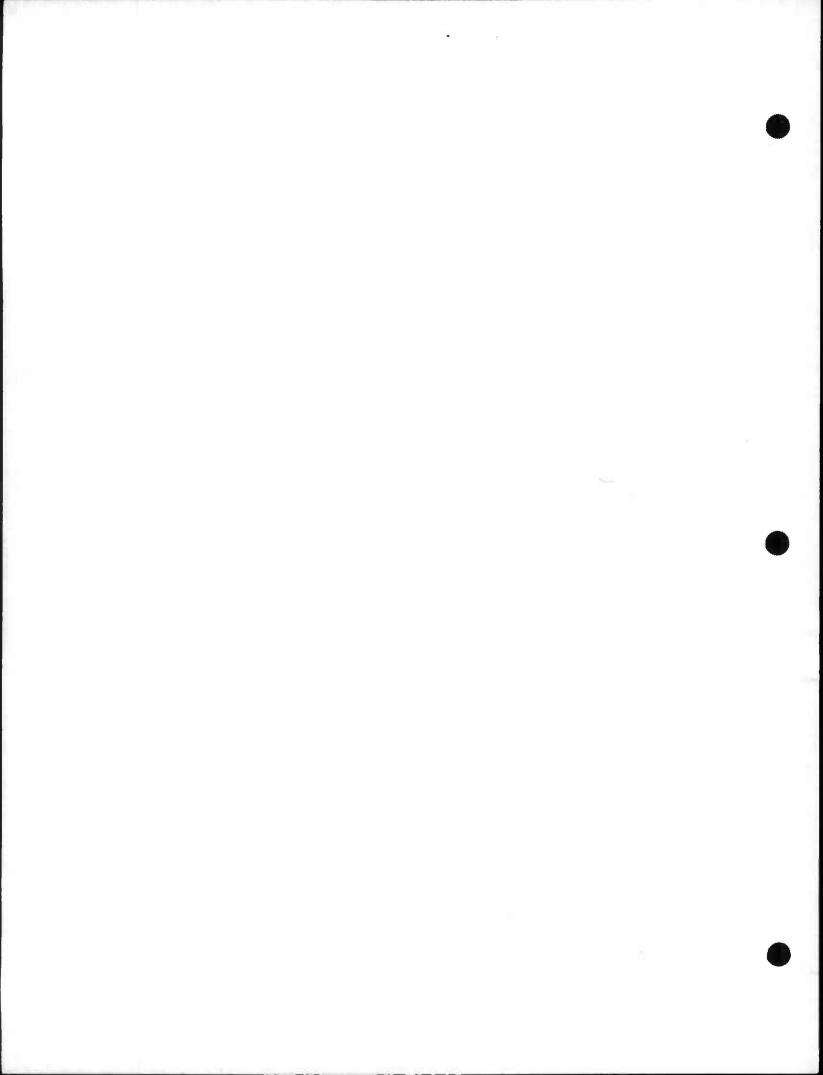
euted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should final, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

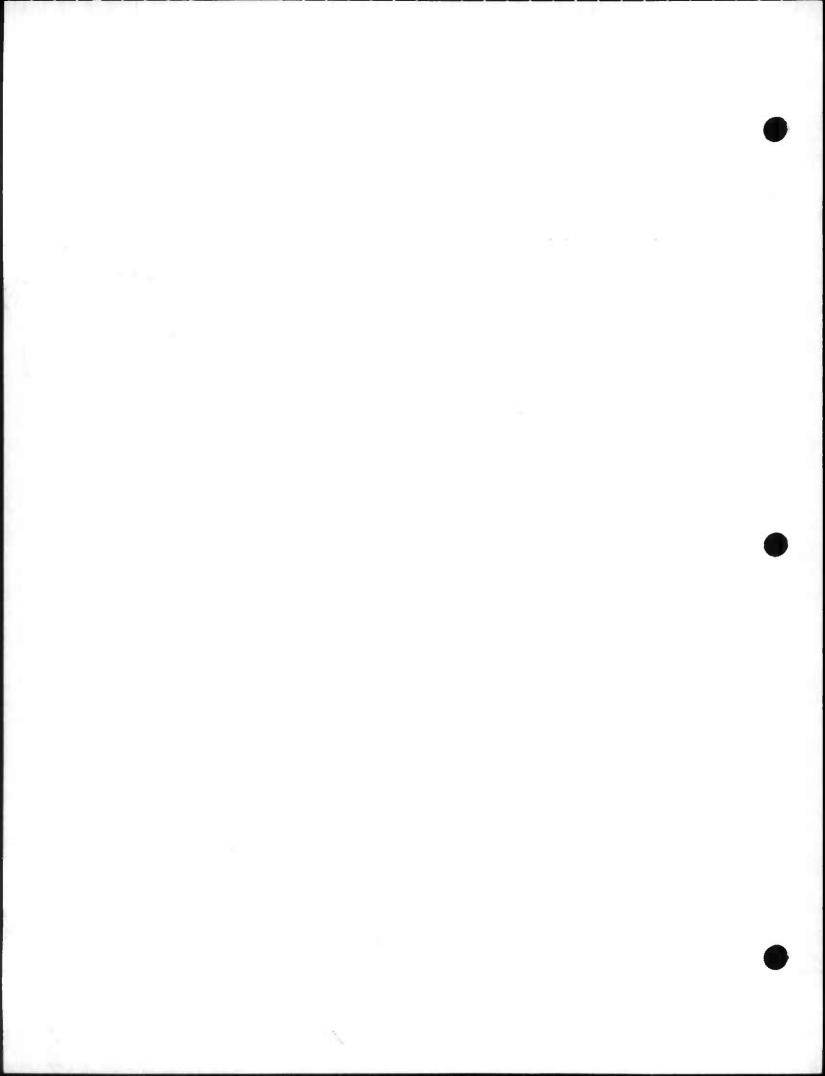
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention be filed within 72 hours after death with the State Dept. of Health and Mental Health MORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	HEALTH AND	MENTA	HYGIEN		, ,	1420
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATN			3. TIME OF DEATN
	RICHARD	BERNAR	D	PONZU	JRIC	JUN		1993	YEAR	:15 AM M
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHP	LACE (State or Foreign
	175–14–7837	1 🛣 M 2 🗆 F 68	YRS.	MONTHS DAYS	HOURS MIN.		5, 1	924	Penr	
-	9n. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNT		
DIRECTOR	22 CYPRESS PLA	ACE		INDIAN	HEAD			CHA	RLE	S
3EC	10a, STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION				- 1	10d. INSIDE CITY
	Maryland Cha	rles	Ind	ian Hea	d				,	LIMITS?
AL	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZE	N OF WH	HAT COUNTRY?
岁	22 Cypress Place				20640			U.	S.A.	100
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	U.S. ARMED 2 NO	If yes, ap	ENDENT OF NISPA	an, Puarto f				- American Indian, White, atc.	
BY	3 Widowed 4 Divorced	1943-1946	TES	1 🗆 YES	2 NO Speci	vy:			Specify	
03	16. DECEDENT'S EDUCA	TION	16a. DECEDENT'S L	SUAL OCCUPATI	ON	166	KIND OF BUS	INESS/INDI IS	VOTS	White
	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during me retired.)	st of working	"			,,,,,	
4	12		A.C. &	Refrig	Maint.		U.S.	Gover	nmer	ıt
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	AME (First, A	fiddle, Maiden	Surname)		
BE (Stephen Ponzuric				Mar	y But	chko			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Town	n, State, Zip C	ode)	
-	Wana Ponzuric		Sa	me as 1)					
	99a,-METNOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ramovi	al from State 20b.1	PLACE AND DATE OF	DISPOSITION (N		DAT	100	CATION — CIT		-1111
1	St. Charles Cemetery 6-4-93 Glymont, Maryland									1and
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Funeral Home									
	Wesles VV	Mign	7	Rt. 2	25 & G1 V	mont	r 6g	ndian	Hoa	S Ma
	23. PART I. Enter the diseases, or cor	mplications that caused	the deeth. Do no	t enter the mo	da of dying, aud	ch aa cerd	lac or reapl	ratory arres	it,	Approximate
ı	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death									
	disease or condition a. CARCINOMA OF LUNG.								6 mo.	
1	DUE TO (OR AS A CONSEQUENCE OF):									
NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF).									
Ā	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury 5 c.									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									İ
	0.									1
¥	PART II. Other algnificent conditions	contributing to death bu	t not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
ă							1 YES 2		C	COMPLETION OF CAUSE OF DEATH?
ž						_			1	T YES 2 NO
ä										
ᅙ		IOSPITAL:		28. PI	ACE OF DEATH (Ch	neck only on	9)			
PHYSICIAN: MEDIC	1 TYES 24 NO 1	Inpatient 2 ER/Outpat	tient 3 DOA	Nursing Non	Rasidenca	_				
	1- Netural 5 Pending	(Month, Day, Year)	28b, TIME INJU	RY WO	AK?	28d. DE\$	CRIBE HOW II	IJURY OCCU	1ED	
à	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE OF INJURY -	- At home, farm, etc.	m ' U	rES 2 NO	284 / 004	TION O		2	
	4 Nomicide 8 Could not be determined	building, atc. (Specifi	y)	out, ractory, offic	•	City o	ATION (Street a or Town, State)	na Number or	HUMII HOU	ite Number,
<u> </u>	29a. CERTIFIER	M. To the board of the state of					-			
COMPLETED		AN: To the best of my knowled On the basis of examination								and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		1			
8	Knich r	11 0 1 1 1						29d. DATE S	IGNED (A	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	TN (ITEM 27) (Type F	rint)	D-2835			- 0	- (
	KRISHAN MATHUR M.D.				HWAY 301	SOUT	H WAL	DORF M	ID.	20603
	31. DATE FILED (Month, Day, Year) JIN 0 7 '93	32. REGISTRAN'S SIGNAT	TURE							



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G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	
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_	FOR 1 - STATE REGISTRAR	STATE OF MARY	/LAND / DEPA CERTII	RTMENT OF H	DEATH	MENTAL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							YEAR 3. TIME OF OEATH		
		aby Boy Pu	rcell GE (In yrs. lest birthday)) IF UNDER 1 YEAR	T I I I I I I I I I I I I I I I I I I I	7 DATE OF BUTTY		93 7:05 P		
	A Deliver and the control of the con	1 X M 2 - F	SE (III)715. REST DIFTHORY) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)] '	8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF DE	6/3/93 EATH	9c. COUNT	Maryland TY OF DEATH		
CTOR	Southern Maryland	l Hospital	Center	Clinto	n		20,000	nce Georges		
DIRECTOR	Md. P.G.			uitland	TION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO		
1AL	10s. STREET AND NUMBER			10	f, ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?		
FUNERAL	3520 Parkway Terr				20746		U.	S.A.		
BY FUI	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPAN Decity Cuban, Mexica 3 2 NO Specify	IfC ORIGIN? (Specify Yon, Puerto Rican, etc.)	s or No—	14. RACE — American Indian, Black, White, etc. Specify:		
	15. DECEDENT'S EDUCA	TION	T					Black		
COMPLETED	(Specify only highest grade co		(Give kind of	S USUAL OCCUPATION f work done during mouse retired.)	DN ost of working	16b. KIND OF BI	JSINESS/INDU	STRY		
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	Sumama			
E C	Donald Gene Purce	11				line Joyce		a n		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street a		Route Number, City or To				
Y A	Jacqueline Purcel			0 Parkwa	y Terrace	e Suitland	d, Mar	yland 20746		
	1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		cemetery, crematory or		arre or	DATE LOW W	JUNITOR — C.	Ry Of IOWII, State		
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AI	ND ADDRESS OF FAC	GLITY				
	22 DADT i Enter the diseases or complications that our date days									
	Approxim shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Approxim Interval B Onset and On									
,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE (OF):	g cause given in			24b. WERE AUTOPSY FINDINGS		
MEDICAL C	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE (OF):	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the cause of the conditions of the cause of t	DUE TO (OR AS	S A CONSEQUENCE (OF): In the underlying	g cause given in	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR A	s A CONSEQUENCE (or): j in the underlying 26. Pt OTHER:		PERFO 1 YES	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS	h but not resulting	26. Pt OTHER: 4 Nursing Hom ME OF 28c. Pty WG	LACE OF DEATH (Che	PERFO 1 YES	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	CONTRIBUTING TO GENTLE OSPITAL: ERVO Postient 2 ERVO 28a. DATE OF INJUR (Month, Day, Year	but not resulting	26. Pt OTHER: 4 Nursing Hom ME OF MURY M 1 1	LACE OF DEATH (Che 5 Residence JURY AT SHK? YES 2 NO	PERFO 1 VES sck only one) 6 Other (Specify)	RMED? 2 NO INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OSPITAL: OSPITAL: OSPITAL: Ospital:	h but not resulting hutpetient 3 DOA TY 29b. Till JRY — At home, farm, ipocify)	28. PL OTHER: 4 Nursing Hom ME OF 28c. INJ. JURY MO 1	LACE OF DEATH (Che 5 Residence JURY AT SHK? YES 2 NO	PERFO 1 YES 1 YES 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and ma	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED WE Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OSPITAL: OSPITAL: OSPITAL: Ospital:	h but not resulting hutpetient 3 DOA TY 29b. Till JRY — At home, farm, ipocify)	28. PL OTHER: 4 Nursing Hom ME OF 28c. INJ. JURY MO 1	LACE OF DEATH (Che 5 Residence JURY AT SHK? YES 2 NO	PERFO 1 YES ack only one) 6 Other (Specify) 28d, OESCRIBE HOW 281, LOCATION (Street City or Yown, State to the cause(a) and mat time, date and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO JRED JRED Avail Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OSPITAL: Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S)	but not resulting butpetient 3 DOA TY 28b. Till DOA TY At home, farm, specify) bowledge, death occur ation and/or investigati	28. PI OTHER: 4 Mursing Hom ME OF JURY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF DEATH (Che ne 5 Residence JURY AT NIK? YES 2 NO ne ne and place, and due death occured at the	PERFO 1 YES ack only one) 6 Other (Specify) 28d, OESCRIBE HOW 281, LOCATION (Street City or Yown, State to the cause(a) and mat time, date and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO WEED WEED A Route Number, d. cause(e) and manner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OSPITAL: Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S)	h but not resulting hutpetient 3 DOA Try IN JRY — At home, farm, ipocify) Death (ITEM 27) (Type	28. PI OTHER: 4 Nursing Hom ME OF 28c. INJ. JURY M	LACE OF DEATH (Che 5 Residence FURY AT PIK? YES 2 NO a and place, and due death occured at the	PERFO 1 YES 1 YES 1 YES 1 YES 28d. Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and matime, date and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO WEED WEED A Route Number, d. cause(e) and manner as stated.		



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MARYLAND / Ce			OF HE			MENTA	REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
Bernice Ma		arsons							монті 5	24	MY	93	4:16 A M	
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 2	24 HRS.		OF BIRTH		8. BIRTI	IPLACE (State or Foreign	
066-09-5709		1 🗆 M 2 🔀 F	78	YRS.	months.	UATS	HOURS	wire.	4/11	/1915			ryland	
9e. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CITY	, TOWN OF	LOCATIO	N OF DE	EATH 9c. COUR			INTY OF D	NTY OF DEATH	
SALISBURY N	URSING	& REHAR	S CENTER		SAI	ISBU	RY,	MD.			WI	COMI	00	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATIO	ON						10d. INSIDE CITY	
Maryland	Worce	ester			Po	como	ke C:	ity					LIMITS?	
100. STREET AND NUMBER							ZIP CODE				10g. CI1	IZEN OF	WHAT COUNTRY?	
26 Greenway	y Aveni	ue					2185	1			-	USA		
11. MARITAL STATUS	7450.00	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DECE	NDENT OF	F HISPAN	IC ORIGIN	? (Specify Ye	e or No-	14. RACI	E — American Indian, k, White, etc.	
1 Never Married 2 X		IF YES, GIVE V				YES :				weari, etc.)		Spec		
	EDENT'S EDUC	PATION	1 40 - DE	05051510		**********			1			l	White	
(Specify only	highest grade	completed)	(Gi		work done	CCUPATION during most		7	16b	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0	-12)	College (1-4 or 5	+)			& hoi	1001/1	ifo						
17. FATHER'S NAME (First, M.	iddle, Last)		_ Sul	COCT	CIV	X 1100	_		ME (First. I	Aiddle, Maiden	Surneme)			
Walsie Mart	in								McGe					
19a. INFORMANT'S NAME (7)			196	. MAILING	ADDRES	S (Street are				er, City or Tox	vn, State, Zi	p Code)		
_Roblev Pars	sons		26	Gre	onwa	x λx76	- I	Podo	moleo	City	MA	210	251	
20e. METHOD OF DISPOSITI	ON		20b. PLACEA	ND DATE	OF DISPOS	ITION (Nam			DATI		CATION -			
4 Donation 5 Other		oval from State	- Salem				neter	rv	5/2	6 Poo	omoke	Ci+	y, Md.	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME AND	ADDRES	S OF FAC	CILITY		Omiones	_ \.	y a Mu	
Scott	90	Molan	-			Melso						347	01051	
23. PART I. Enter the di	seases, or c	omplications the	t caused the de	ath. Do r	not enter	the mod	of dvin	t, P	OCOIII	oke C	ITY,	MQ .	21851 Approximate	
shock, or he IMMEDIATE CAUSE (Fin	eart failure. I	lat only one cau	ise on each line.						100.000			1000	Interval Between Onset and Death	
disease or condition	-		2017)									Onset and Death	
resulting in death)		DUE TO	(OR AS A CONSEQ	NUENCE O	 19:								<u> </u>	
		(1)	7 /6	ch-	no	alo							ļ	
Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CONSEC	UENCE O	F):									
cause, Enter UNDERLYI CAUSE (Disease or Inju								_						
that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	UENCE O	F):									
resolving in death) CAS		1												
PART II. Other significa	nt condition	contributing to	death but not n	esulting	in the ur	derlying	cause gi	iven in i	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS	
										PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE	
									_	1 TYES	2 110		OF DEATH?	
									_				1 123 2 10	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					_	CE OF DE	ATH (Che	ck only on	0)				
1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: sing Home	5 🗆 Res	ildence	6 🗆 Other	r (Specify)				
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM		28c. INJUI WOR	RY AT	I	_	CRIBE HOW	INJURY OC	CURED		
	Pending Investigation	(month, D	uy, roury	1110	M		S 2 [NO						
3 Suicide 6	Could not be	28e. PLACE O building.	F INJURY — At hor atc. (Specify)	ne, farm, i	street, fact	ory, office				ATION (Street or Town, State		or or Rural i	Route Number,	
4 Homicide	determined								J., J	, 0.010				
29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, dea	nth occurr	ed at the t	lme, data a	nd place,	end due	to the cau	se(e) end ma	nner as sta	ited.		
													a) and manner ee stated.	
296. SIGNATURE AND TITLE	-	1			_		29c. LICEN						(Month. Day: Year)	
11	111	4					D	2	93.	49	•	1	1/97	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEN	1 27) (Type,	. Print)				, –		7	7	4//	
William R	obin	S M.T) 1	104	LIDAT	mura s	י חרו	T3/17	Car	TODIE			003	
William R 31. DATE FILED (Month, Day.	1 1993	32. REGISTRA	A'S SIGNATURE			THMA	V DRI	IVE.	SAL	ISRUR	V, MI	21	801	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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	Pag	al dir		iner
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
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	40SP	UNE	vithin	ANT
	Ή	분	M pal	ORT
	2	5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IM I

COMPLE

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296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

JUN 0 3 '93

Rubert L Frem

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REDISTRAR'S SIGNATURE L Julia Davidson-Randall

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		Om	A G	OFIA	74记	TPPTAS				MONTH 6/2	M TA52
		4. SOCIAL SECURITY NUMBER 212-10-45		5. SEX 1 M 2 F	6. AGE (In yrs.	VIDE MO	UNDER 1 YEA		24 HRS. 7.	Month, Day, Year)	8.00
(SA)		Se. FACILITY NAME (If not in		reet and number)	94		. CITY, TOV	N OR LOCATIO	ON OF DEATH	9-12-11	9c. COUNTY
2,3	DIRECTOR	DORCHEST	ER GEI	NERAL H	OSPIT	AL		CAMBR	IDGE		DOR
Sec	E I	10a. STATE	10b. COUNTY			10c. CITY, TO	OWN OR LO	CATION			
permit, Pages		MARYLAND	DO	ORCHEST	ER		CA	MBRID			
is.	FUNERAL	100. STREET AND NUMBER 101 GLENB	URN A	VENUE				10f. ZIP CODE	1613		10g. CITIZEI
21215-0020 If or attending physician, there as the burial-transit	BY		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.)								
1215-0 rr attending use as the	冒	(Specify only	EDENT'S EDUC y highest grade o	ATION completed)		Give kind of work	done during		g	16b. KIND OF BU	SINESS/INDUS
O E B	COMPLETED	Elementary/Secondary (0 12th)-12)	College (1-4 or 5	''	60. Do NOT use re				C	LOTHI
MARYLAND retained by the hospit 5 should be detached notified at once.	SON	17. FATHER'S NAME (First, M					<u> </u>	18. MOTH		(First, Middle, Maiden	
d at at	BE	WILLIAM	LAWS	ON ENG	LISH			FL	OREN	CE AGN	ES W
MAR retained 5 should notified	2	19a, INFORMANT'S NAME (1	ype/Print) TF	HE REV.		19b. MAILINO ADI	DRESS (Stre	et and Number	or Rural Rout	te Number, City or Tox	vn, State, Zip Co
(D) (a)			WILLIAM L. ENGLISH 347 DAVIS AVENUE, S							STATEN	ISLAN
ORE 6 may ector, pag		20a METHOD OF DISPOSITI	n 3 🗆 Remo	val from State	cemetery, c	remetory or other CHESTE	niece)		DK		CAMBR
BALTIMORE, ter death. Page 6 may be the funeral director, page yal.		21. SIGNATIONE OF FUNERA	L SERVICE LICE LLTR	es do	nue	el	22. NAME	RRAN	S OF FACILI		E
24 hours after y filled in by attion, or remo		23. PART I. Enter the disnock, or h IMMEDIATE CAUSE (Fir dissess or condition resulting in death)	eart tellure. L	ist Drily Drie Cau	ise on each ili	ie. Imon	enter the	mode of dyli	ng, such a	a cerdiac or reap	iratory arrea
	ATION	Sequentially list conditi if any, leeding to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONS	EOUENCE OF):	•				
beath certificate be es attending physician a mat Hygiene prior to y, or other traum	CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS	ry a	DUE TO	(OR AS A CONS	EQUENCE OF):					
ORDS that the c ed by the th and Me amy injui	EDICAL C	PART II. Other algnifice		contributing to			BS	/ing cause g	Iven in Par	rt i. 24e, WAS AN PERFOI	RMED?
_ > 0000	N. M.									-	
AL he la has Del	₹	25. WAS CASE REFERRED TO	MEDICAL	//			28	PLACE OF DE	ATH (Check	only one)	
F VITA SICIAN: The certificate h the State (SICI	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient		HER:	lome 5 Ras	Urience & [Other (Specify)	
O \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)	E		Pending	28a. DATE OF (Month, D	INJURY	28b. TIME OF	28c.	INJURY AT WORK?	28	Bd. DESCRIBE HOW	NJURY OCCUR
O DING After death	ED BY	2 Accident 3 Suicide 6	nvestigation Could not be	26e. PLACE O building,	F INJURY — At I atc. (Specify)	nome, farm, stree				Bt. LOCATION (Street City or Town, State)	
DIVISI TAL OR ATTEN AL DIRECTOR: 72 hours after If item 28 is	APLET	29e. CERTIFIER (Check only	IFYINO PHYSICI	IAN: To the best of	my knowledge, o	leath occurred at	the time, d	late and place,	and due to t	the cause(e) and ma	nner se stated.
PSKT	2 1	one)	044 EV 4444								

CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

503

29c. LICENSE NUMBER

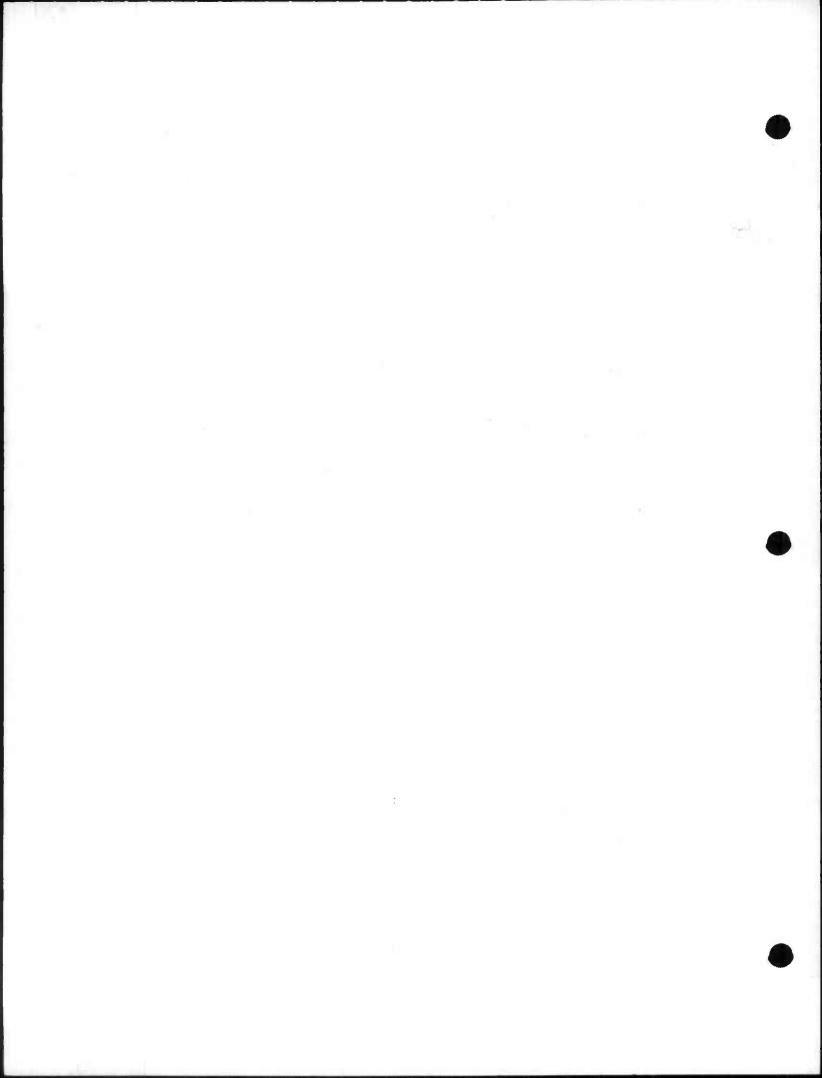
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OMA E, PHILLIPS

93 17426 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 2/1993EAR 30302 DEATH 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH DORCHESTER 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: WHITE/CAUC 16b. KIND OF BUSINESS/INDUSTRY CLOTHING (First, Middle, Maiden Sumame) AGNES WILLEY te Number, City or Town, State, Zip Code) 10310 STATEN ISLAND, N.Y. 20c. LOCATION — City or Town, State CAMBRIDGE, MD. RAL HOME CAMBRIDGE, MD. 21613 a cerdiac or reapiratory arrest, Approximate Interval Between Onset and Death 15 his 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO d. DESCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



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attending physician.

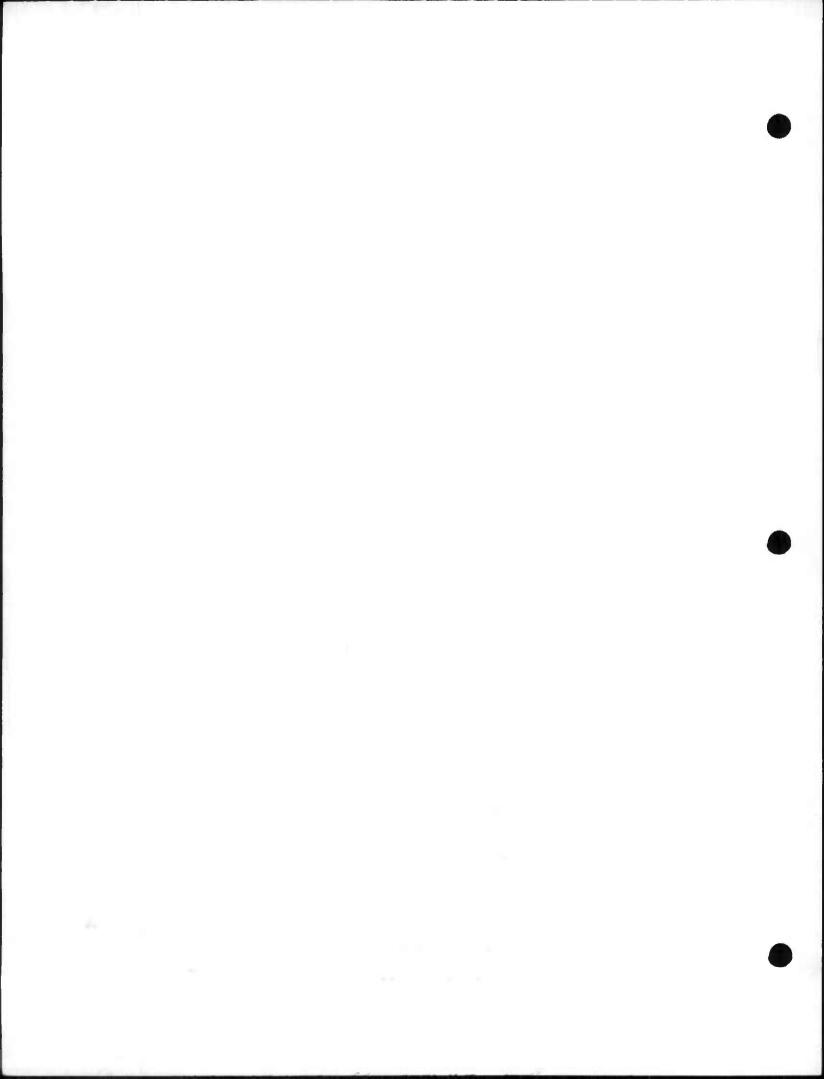
BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

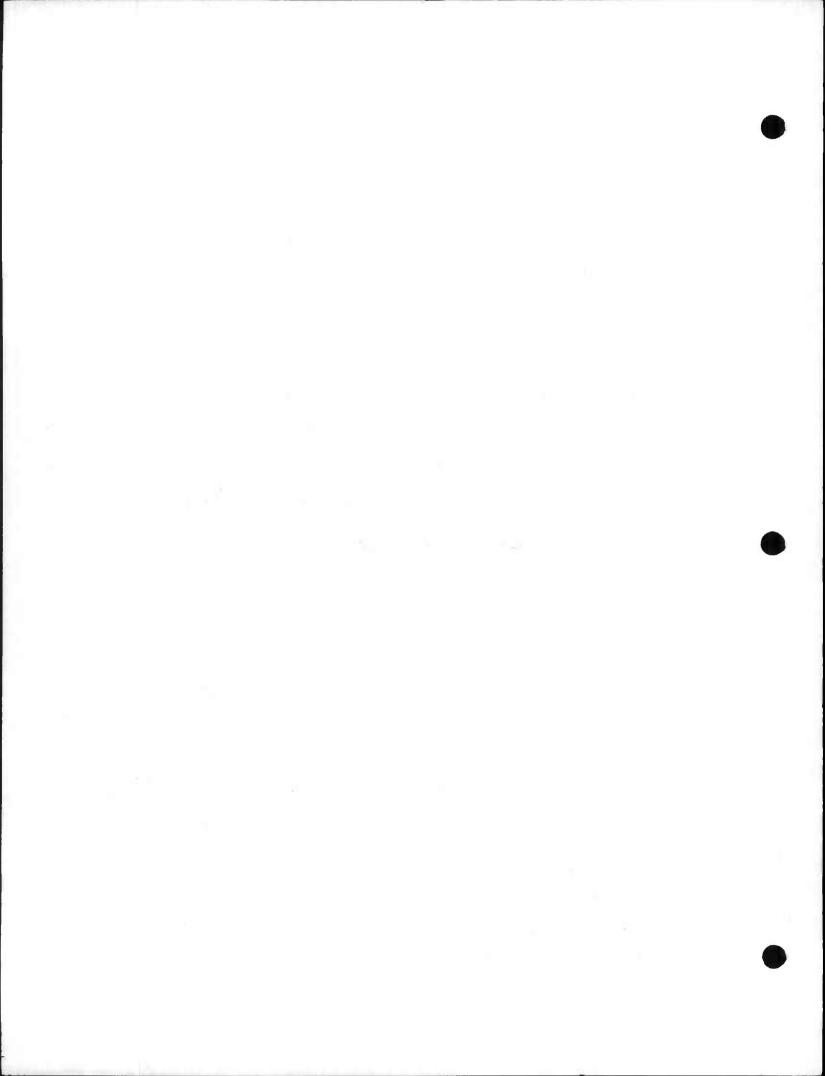
	REGISTRAR		CE	RTIF	ICATE O	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEATH
1	Cleo Alice	Pitt	s				MONTH 5		7-1	993	1240 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BURTH		8. BIRTH	HPLACE (State or Foreign
	299-22-5327	1 🗆 M 2 💢 F	77	YRS.	MONTHS DAY	B HOURS MIN.	6/19	715		Oh	
	9a. FACILITY NAME (If not institution, give				9b. CITY, TOW	N OR LOCATION OF D			9c. COL	JNTY OF D	
8	Washington Adve	ntist Hosp	ital		Takom	a Park			Mo	ntgor	merv
5	RESIDENCE OF DECEDENT									псту	
DIRECTOR	MD How	π ard			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?		
		alu		EI	licott						1 X YES 2 NO
₹ I	100. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	9966 Oaklea Cou					21042			Un	ited	States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT I	EVER IN U.S. ARI	MED		ECENDENT OF HISPA specify Cuben, Mexic			or No-	14. RACE	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAF				ES 2 NO Speci		mi, wic.,		Speci	Me:
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COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Gi	CEDENT'S ve kind of w Do NOT us	USUAL OCCUP	TION most of working	16b, K	IND OF BU	SINESS/IN	DUSTRY	
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Ž	17. FATHER'S NAME (First, Middle, Lest)	0									
	Vincent Oliver					Alice T		dle, Maiden	Surname)		
B	19s. INFORMANT'S NAME (Type/Print)		T								
2	John Pitts		196 C	9966	ADDRESS (Stre	COLLEGE E	Route Number,	City or Tow	n, State, Zi	p Code)	Land 21042
	20s. METHOD OF DISPOSITION	_						_			
	1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	cemetery, crei	metory or of	her plece)	ematory 5	DATE	20c. LO	CATION -	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	TOLL	LILL	22 NAME	AND ADDRESS OF F	/49/93	171 61		/u , r.	laryrand
	Hines-Rinaldi Funeral Home										
	fllsunt . l.	chiltre			1180	New Ham	pshire	Ave	, St	llver	Spring MD
- 1	23. PART I. Enter the diseases, or shock, or heart failure	complications that of	aused the de-	ath. Do n	at enter the	mode of dying, suc	ch as cardia	or respi	iratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	managed the competition					0		V.a.		Onset and Death
- 1	disease or condition - Repeat Mysecardial Infarction - Repeat										
- 1	QUE TO (OR AS A CONSEQUENCE OF):										
8	Sequentially list conditions,	" skyper	Leur	in							
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	1 / 10 10	AS A CONSEC	KIENCE OF	12						
윤	CAUSE (Disease or Injury	e DUE TO (O	R AS A CONSEQ	TUC	any						
Ē	that initiated events resulting in death) LAST	Carel	cann								i I
8		#	Charles	Juc	7						
DICAL CERTIFICATION	PART II. Other significant condition	ens contributing to de	outh but not re	osulting/	n the underly	ing cause given in	Part I. 2	le. WAS AN		246	WERE AUTOPSY PHOHIGS
3	Unenary Tr	act an	reas	e				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	abesette						_		1		OF DEATH? 1 TYES 2 THO
=	7/						_				
¥.	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C)	heck only one)				
S	EXAMINER?	HOSPITAL:	R/Outpatient 3	00A	OTHER:	ome 5 🗆 Residence	6 TOther (5	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF IN		26b. TIME	E OF 28c.	NJURY AT	28d. DESCR		HJURY OC	CURED	
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	NW)	INJ	14/4	WORKY YES 2 NO	loco-to-state				
	3 Suicide 6 Could not be	28s. PLACE OF I	NJURY At hor	ne, ferm, e	treet, fectory, or	flee	28f, LOCATE	ON (Street)	and Mumbe	r or Runii P	Houte Mumber,
COMPLETED	4 [] Homicide determined	Guilding, en	er Collegerad)				Carry or	twn, State)			
7	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	v knowledge des	oth occurre	d at the time d	ete and place, and do	a le the enues	(a) and —a			
ž I		IER: On the beals of exam									a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE										
H	Cannel Lb	14. M.	λ			29c. LICENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH STEE	27) (Time	Print)				3	128	/7'5
	SAMUEL L. DE.	CILA: 4 H 1)	SCO CO	1	N ADVEN		11.	. محل	100	100100 000
	31. DATE FILED (Month, Days bar)	32 REGISTRANT	S SIGNATURE	V1+3/7	71490	NILVEN	17751 1	TOSP	17/12	1741	KOYA PARK
	JUN 0 1 1993	grobe Dav	idson-Han	dell				1	- 1	7	MD.
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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	
ND 21	hospital or	ached for u	CO.
ARYLA	ined by the	ould be del	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E, M	ay be reta	page 5 st	be noti
MOR	аде 6 та	director,	er must
3ALT	r death. F	he funeral	examin
	hours afte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or centural.	medical
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P.O.	ith certific	tending p	or othe
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	quires that	n signed f Health	ne swo
AL R	he law re	has bee	m 23 sł
F VIT	SICIAN: T	certificate the Stat	, or ite
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VISIO	ATTEND	ECTOR: A	n 28 is
٥	PITAL OR	RAL DIR	f: If Item
	HE HOSF	HE FUNE ed within	ORTANI
	101	5 8	3

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIEN REG. NO.	7	17428
	1. DECEDENT'S NAME (First, Middle, Last) MARY PRATHER					2. DATE OF DEATH MONTH 05	29 93	3. TIME OF DEATH 7:39 a M
	4. SOCIAL SECURITY NUMBER 215-36-4080	1 DM 2 OXF 54	YRS.	UNDER 1 YEAR INTHS DAYS	HOURS MIN.		1938 Ma	PLACE (State or Foreign ryland
TOR	99. FACILITY NAME (If not institution, give s MONTGOMERY GEN) RESIDENCE OF DECEDENT	A-1157111111		OLNEY	R LOCATION OF DEAT	TH	MERY	
DIRECTOR		y GOMERY		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3002 HEWITT A				20906		U.S.A	
B∀	11. MARITAL STATUS 1 Never Married **XMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 10	It yes, spe	ENDENT OF HISPANIC pelfy Cuban, Mexican, 2 Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	- American Indien, , White, atc. >: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th						INESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) James Foreman	Lest) 18. MOTHER'S NAM					omas	
2	Mary P. Conte	e (Daughter				ne Number, City or Town , German		D 20876
	20e. METHOD OF DISPOSITION 1 [Stream	oval from State come	PLACE AND DATE OF D etery, crematory or other ate of I	leaven	Cem.	6/4 Sil	cation - city or too ver Spr	
	21. SIGNATURE OF FUNERAL SERVICE LIG	Mome	lun	SNOW	VILLE, I	ERAL HOM MD 2085	0	
		Convulsi Covvulsi	ich fine.			es cardiac or reapli	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury						
CERTI	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death bu	it not resulting in t	he Underlying	csuse given in Pa	24a. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 21 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Input ent 2 ER/Output		THER:	ACE OF DEATH (Check			
B	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide \$ Could not be	28a. DATE OF INJURY (Month, Day, Year) 5 2 9 9" 28a. PLACE OF INJURY	3 28b. TIME O	M 1 V	IRY AT 2 RK? ES 2 NO	OUND OF	JURY OCCURED FROM AN AN AN AN AN AN AN AN AN AN AN AN AN A	Dute Number
LETEI	4 Homicide determined	building, atc. (Specia	HOME			City or Town, State)	1	
COMPLETED		CIAN: To the best of my knowle			eth occured at the tim	ne, data and place, and	due to the cause(s)	
TO BE	20. NAME AND ADDRESS OF PERSON WHI	Meley	TH (ITEM 27) (Torse Prin	ne)	DO 70 79	ER .	29d. DATE SIONED	(Month, Day, Year)
	DD LITTURD	VCIS (MAY) p. 32. REGISTRAN'S SIGNA Junia Davidson-V	E 10215		wood /B	BETHE	Son MI	8 205/17



	1 - STATE REGISTRAR	SIAIE UF W		FICATE			REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) FREDERICK	A	d	P05	Т		ATE OF DEATH	AY - 0	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5793 40434	5. SEX 8. AGE (In yrs. last birthday) 1 M 2 F P PRS.		MONTHS P			DATE OF BIRTH (Month, Pay, Year) 02 21 29		BIRTHPLACE (State or Foreign Country)		
LOR	SA. FACILITY NAME (If not institution, give s WASHINGTON	105P.		96. CITY, TOWN OR LOCATION OF DEATH TAKOMA PK MONTGOME							
DIRECTOR	10a. STATE 10b. COUNTY	E 10L COUNTY 11 MONTGOMERY						10d, INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER 10f. ZIP CODE 10e							T .	1 YES 2 NO		
FUNERAL	37/3 QUEEN	DR F EVER IN U.S. ARMED	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN			RIGIN? (Specify Ye	U	4. RACE — American Indian,			
BY	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATES			lf y	rs, specify Cubs	n, Mexican, Pu	erto Rican, etc.)	Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Give kind	I'S USUAL OCCI of work done duri I' use retired.)		ng	16b. KIND OF BU	SINESS/INDU	STRY		
OMP	17. FATHER'S NAME (First, Middle, Last)	4	MECHAN	NICAL E			POSTAL Irst, Middle, Malden		CE		
BE C	ALBERT POS	ST			MAF			CKSON			
5	19a. INFORMANT'S NAME (Type/Print) LOIS E. POST						Number, City or Tox LNEY, M				
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DA	TE OF DISPOSITION	ON (Name of		DATE 20c. LC		ty or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NA	ME AND ADDRE	SS OF FACILITY	r		OME, INC.		
	13 center	Joseph	7	500	UNIVER	RSITY B	LVD., W	., SIL	. SP., MD 2090		
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	se on each line.		0 -				interval Between		
TION	Sequentially list conditions, if any, leading to immediate	At	OR AS A CONSEQUENCE		izaise	yıs					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (QR AS A CONSEQUENCE	AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant condition post infanction very color for			gin the under	failer	given in Part	I. 24e. WAS AN PERFOU	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYSI	1 TYES 2 THO 27. MANNER OF DEATH		ER/Outpatient 3 DO/		Home 5 Re						
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Da		INJURY	WORK?		DESCRIBE HOW	NJUHY OCCU	HED		
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, si building, etc. (Specify)				treet, factory, office 281. LOCATION (S City or Town,				Street and Number or Rural Route Number, State)		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
BE	290. SIGNATURE AND TITLE OF CHITIFIER				29c LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH										
	10401 Old Geor	COMPLETED CAUS	Bellion	da M	9 2081	4 -	Roge	v e	onard mid		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or item 23 shows ony injury, or other traumatic event, the medical exeminer must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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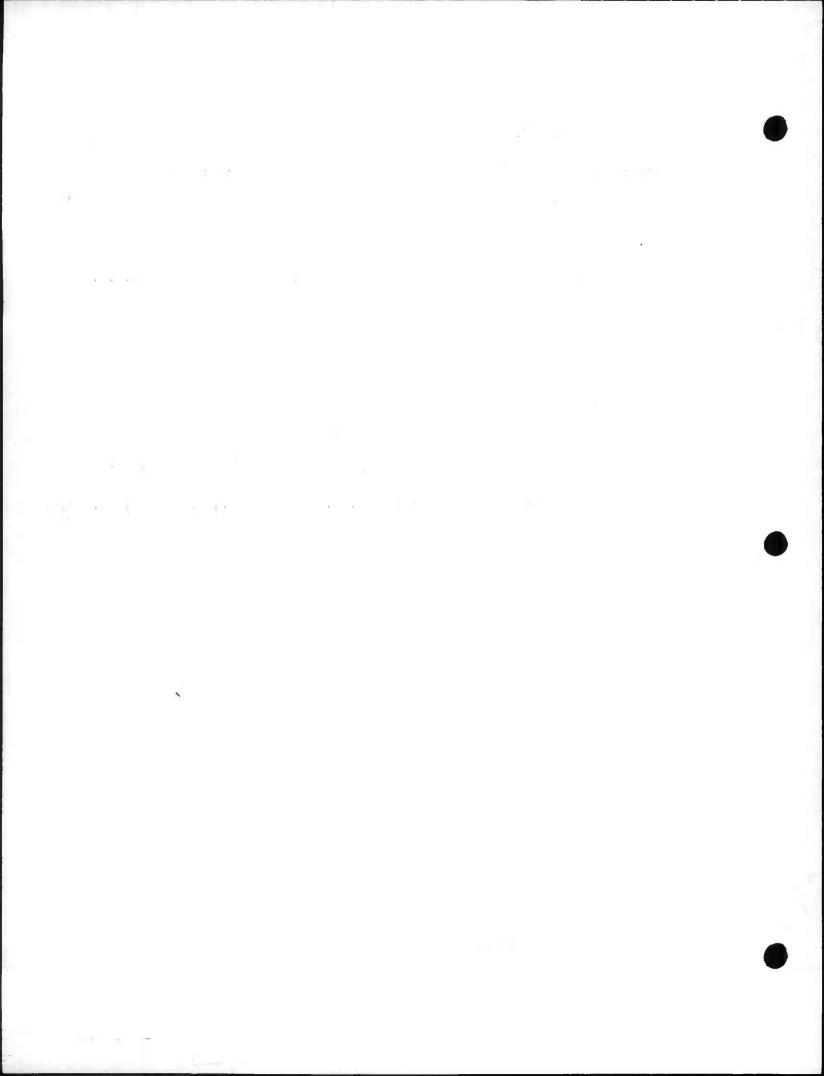
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Posey Marguerite M. 05 1993 4 SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 6. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. rith, Day, Year) 3. 9,1927 1 M 2 M F 65 YRS. 577-30-5791 Aug. MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Doctors Hospital Lanham Prince George's RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY PRINCE GEORGES MD. HYATTSVILLE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 5032 38th AVE #A26 20782 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 ZINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe intary/Secondary (0-12) College (1-4 or 5 +) 11 DOMESTIC PRIVATE HOMES once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) signed by the attending physician and completely filled in by the funeral director, page 5 should be Health and Mental Hyglene prior to burial, cremation, or removal. notified at WARDELL HENDERSON BE CORA FOSTER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EDWARD POSEY #10 SAME AS ITEM pe 20e. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must urial 2 Cremation 3 Removal from State MARYLAND NATIONAL PARK LAUREL, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the th disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF executed traumatic MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE if any, leeding to immediate ficate be cause. Enter UNDERLYING CAUSE (Disease or injury or other that initiated events resulting in death) LAST TO (OR AS A CONSEQUENCE OF) Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. A. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 T NO this certificate has been with the State Dept. of DI rei PHYSICIAN: an Su Hem 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending 5.26.93 1 YES 2 NO BY After 1 2 Accident OR ATTENDING 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) FUNERAL DIRECTOR: A within 72 hours after de trant. If itom 28 is COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. (Check only one) HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month. Day, Year) H D14192 2 39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mD. 5632 Annapolis 32. HEGISTRACE SIGNATURE Julie Davidson-Randell



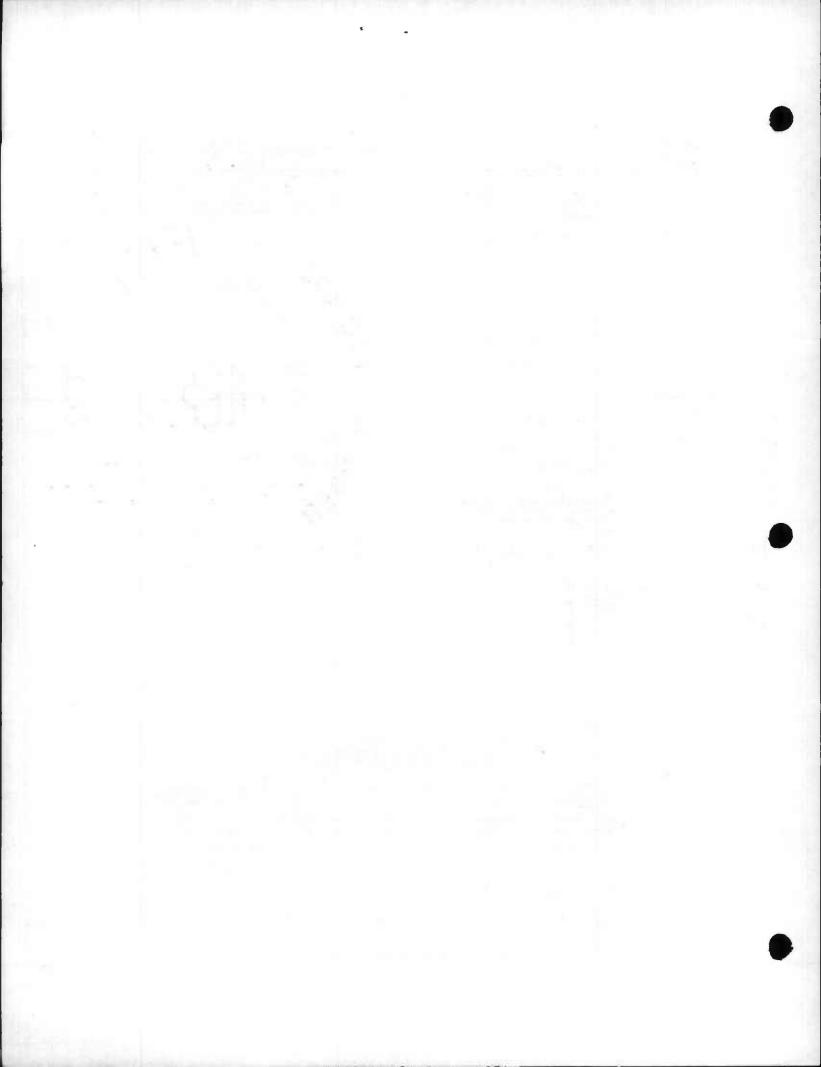


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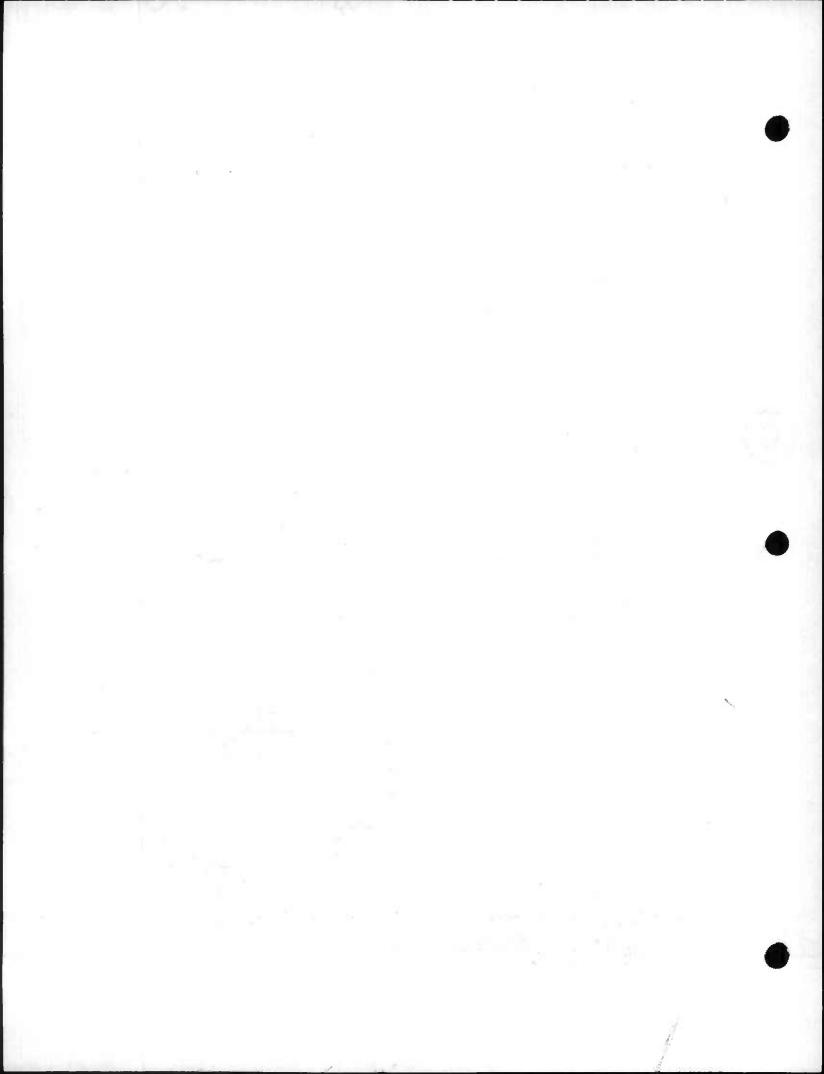
32 REGISTRAR'S SIGNATURE fulia Davidson-Randell

	1. DECEDENT'S NAME (First, Middle, Leat)	Emma Fre		Rinehar		2. DATE OF DEA		VEAD	3. TIME OF DEATH	
	Kmma	TREde	Kin	enar	<i>F</i>	06	04	93	1095	
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 220-46-4385	5. SEX 6. A	GE (In yrs. last birth	RS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day,) Aug. 1,	bar)	Count	HPLACE (State or Foreign ry) 7 Land	
	90. FACILITY NAME (If not institution, give street and number) Fallston beneral Hospital Fallston Harford RESIDENCE OF DECEDENT PROBLEM TO THE STORY OF DECEDENT									
	Maryland Harf		100	abingdo					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	3047 Abingdon	Road			21009			TIZEN OF T	WHAT COUNTRY?	
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED 'ES 2 NO R DATES	13. WAS DI	an, Puerto Rican, s	? (Specify Yes or No- 14. RACE — American Ind Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) The secondary (0-12) College (1-4 or 5+) Housewife 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSewife Home									
	17. FATHER'S NAME (First, Middle, Lest) George (nmn) B	earsch			18. MOTHER'S N	AME (First, Middle, II Emma	Maiden Sumame) Gunthei		3.73	
2	190. INFORMANT'S NAME (Type/Print) Betty Jane Rineh	art		7 Abingdo						
	Betty Jane Rinehart 3047 Abingdon Road, Abingdon, Md. 21009 20e. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE								
1	23. PART I. Enter the diseases, or ahock, or heart fellure.	La Complications that cau	bs n/	Howa 1317	rd K. Mc Cokesbur	Comas II:	I Funer Abingo	al H	ome, P.A. Md. 21009 Approximate	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cau Liat only one cause of DUE to (OR A	as a consequent	22. NAME HOWA 1317 Do not enter tha m	rd K. Mc Cokesbur	Comas III	I Funer Abingo	al H	ome, P.A. Md. 21009 Approximate interval Between	
	ahock, or haert failure. IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR A	as a consequent	22. NAME HOWA 1317 Do not enter tha m CE OF:	AND ADDRESS OF F rd K. Mc(Cokesbur node of dying, su	Comas III	I Funer Abingo	al H	ome, P.A. Md. 21009 Approximate interval Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A	AS A CONSEQUENT	22. NAME HOWAI 1317 Do not enter tha m CE OF): CE OF):	AND ADDRESS OF FIRM K. MCC COKESBUT TO GO of dying, su	Comas II. Cy Road, ch as cardiec or	I Funer Abingo	ral H	ome, P.A. Md. 21009 Approximate interval Batwee Onset and Deat	
	anock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENT	22. NAME HOWAI 1317 Do not enter tha m CE OF): CE OF): Iting In the underlying the second sec	AND ADDRESS OF FIRM K. MCC COKESBUT TO GO of dying, su	Comas II. Cy Road, ch as cardiec or	I Funer Abingo respiratory a	ral H	Ome, P.A. Md. 21009 Approximate interval Between Onset and Deat Onset and Deat D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	anock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	DUE TO (OR A	AS A CONSEQUENT AS A C	22. NAME HOWAI 1317 Do not enter tha m CE OF:	AND ADDRESS OF FIND K. MCC COKESDUM TO COK	Part I. 24a. W P 1 Deck only one)	As an autops: Enformed? res 2 No	ral Holon, invest,	Approximate interval Batwee Onset and Daat Onset an	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR A DU	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT BY 28b Dutpstient 3 Dutpstient 28b URY — At home, for	22. NAME HOWAI 1317 Do not enter tha m CE OF:	AND ADDRESS OF FIND K. MCC Cokesbur node of dying, su MOVICE TO COKESBUR TO COKE	Part I. 24a. W P 1 Deck only one)	As an autops: enformed? respiratory a As an autops: enformed? res 2 No Street and Numbry of	cal Holon, intrest,	Approximate interval Betwee Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat	
	anock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 KNeturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO (OR A DU	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT BY 28b Dutpstient 3 Decry Try 28b Dutpstient 3 Decry Try 28b Dutpstient 3 Decry Try 28b Dutpstient 3 Decry Try 28b Dutpstient 3 Decry Try 28b	22. NAME HOWAI 1317 Do not enter tha m CE OF: CE OF	AND ADDRESS OF FIND K. MCC COKESDUT TO COK	Part I. 24a. W Pheck only one) 8 Other (Spech 28d. OESCRIBE) 281. LOCATION (City or Town, or to the cause(e) er	As an autops: enformed? respiratory a as an autops: enformed? res 2 No Street end Numb State)	cal Hilon, 1	Approximate interval Batwee Onset and Dasi Onset an	



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	JOHN EV.		2. DATE OF DEATH MONTH DAY YEAR MAY 30 1993 4:45 P								
1, 2, 3 should	4. SOCIAL SECURITY NUMBER 557-28-3347	6. AGE (In yrs. In	yrs. IF	NDER (YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year FEB 21	n) 8. Bi	RTHPLACE (State or Foreign currity) INNESOTA			
						OR LOCATION OF D	SBURG BURG 9c. COUNTY OF DEATH MONTGOMERY				
DIRE				10	GAITHERS BURG 10d, INSIDE CITY LIMITS? 1 \(\text{Y \text{ town or location}} \)						
detached for use as the build-franst permit. once COMPLETED BY FUNERAL C	23612 ELI L			20882 USA			USA	DF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA			RMED NO	If yes, t	CENDENT OF HISPA pecify Cuban, Mexic S 2 ZNO Speci	an, Puerto Rican, etc.) E	ACE — American Indian, Hack, White, atc. pec/ly: WHITE		
COMPLETED	(Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION set grade completed) College (1-4 or 5 +	+) (C	CEDENT'S USU live kind of work Do NOT use ret	fone during r red.)	nost of working		BUSINESS/INDUSTR			
BE COME	12 17. FATHER'S NAME (First, Middle, JOHN LELAN)		EL	ECTRONI	C ENG		AME (First, Middle, Mai				
TO B	19a. INFORMANT'S NAME (Type/Print) JO ANNE S. ROSE			6. MAILING ADD		and Number or Rural	or Rural Route Number, City or Town, State, Zip Code)				
	20a. METHOD OF DISPOSITION 1	(fy)	cemetery, cri	AND DATE OF DI omatory or other p OPOLITA	N CRE	MATORY AND ADDRESS OF FA	6/1 AI	EXANDRIA			
	Mur	il W-E	Bark	w	MURI 2152	EL H. BA	RBER FUNE	AD LAYT	20882 ONSVILLE.MD.		
TIFICATION	23. PART I. Enter the disease ahock, or heart if IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ME	t caused the dese on each line	17 C			AN CET		Approximate intervel Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	d c	(OR AS A CONSE								
CERTIF	that initiated events resulting in death) LAST	d	(OR AS A CONSE	OUENCE OF):							
MEDICAL	PART II. Other significant co	enditions contributing to	death but not	reaulting in th	a underiyi	ng ceuse given in	PER	AN AUTOPSY FORMED? S 2 57 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outpatient		HER:	PLACE OF DEATH (C	a Other (Specify)				
ВУ РНҮ	27. MANNER OF DEATH 1 Netural 5 Pendil 2 Accident Invest	28a. DATE OF (Month, Di		28b. TIME OF INJURY	28c. II	JURY AT ORK? YES 2 NO		W INJURY OCCURE			
ED	3 Suicide a Could 4 Homicide determ	not be building.	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
O BE COMPLET	1334	G PHYSICIAN: To the best of EXAMINER: On the basis of ex							se(s) and manner so stated.		
TO BE	29b. SIGNATURE AND TITLE OF C	anx -				29c. LICENSE NU	29 4	29d. DATE SIG	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PER: DVDRAVY 31. DATE FILED (Month, Day, Mar.)	He HVONE	-7	10810	Conn	esticit,	Neme	Kensim	NON 14 20895		
		993 Julia Di	WIDSON-10	ndell							



FOR

STATE OF MADVI AND / DEDADTMENT OF UPAITH AND MENTAL

1 - STATE REGISTRAR		SIMIL OF I	WANTEA	CERTIF			OF DEA		MEN I/	REG. NO.	t			
1. DECEDENT'S NAME (First	, Middle, Last)		-		-					E OF DEATH			3. TIME OF DEAT	TH
Jeffery		Lynn	Ro	binson					0.5		93	YEAR	5:45	D M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. lest birthday)		DER 1 YE		1	7. DAT	F OF BIRTH		8. BIRTI	IPLACE (State or Fo	-
214-52-0208		1 🔀 M 2 🗌 F	43	YRS.	MONTH	1S DAY	YS HOURS	MIN.	11,	7 24 / 4	9	Count	aryland	
9a. FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. C	TY, TOV	WN OR LOCATI	ON OF DI	_			NTY OF D	EATH	
Box 778, R	iggin	Rd.				Mar	dela				Wi	comi	со	
10a. STATE	10b. COUNT	Y		10c. Cl	TY, TOW	N OR LO	OCATION						10d. INSIDE CITY	
Maryland	W	icomico		M	lard	ela	sprin	25					LIMITS?	
10. STREET AND NUMBER							101. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?	-140
Morris-Tw	illey	Rd., P.O	. Box	153			2183	7				SA		
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y Alr	YES	2 NO	1	If yea	DECENDENT On a specify Cubic YES 2 1 NO	ın, Mexica	n, Puarto	IN? (Specify Yea Rican, atc.)	or No—	Spec Whi	*	an,
	EDENT'S EDU y highest grade		1	8e. DECEDENT'S	work do	ne durino	PATION g most of worki	na	16	b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (I	3-12)	College (1-4 or 5	+)	life. Do NOT u	retired	d.)				,				
12	2.4.4.			manage	r					beauty		plie	S	
17. FATHER'S NAME (First, M		1. *								Middle, Malden	,			
Richard Edw		Dinson								Kenne	~			
Martha K.		on		1						nber, City or Town			ngs, MD2	1887
204. METHOD OF DISPOSIT	ION		20b. P	LACE AND DATE	OFDISP	POSITION		55-11	_		CATION -	_		1007
1 Burial 2 Crematic		oval from State	cemete	ery, cremetory or i	other plea	cél		tory					ings, MD)
21. SIGNATURE OF FUNERA	L SERVICE LI	ENGEL 1/	. 1 110	Luela I	2	22. NAMI	E ANO ADDRE	SS OF FA	CILITY		dela	opt	ings, m	
150	n.K	fallfu	Ren-				lloway				ishu	rv. 1	MD. 2180) 1
23. PART I. Enter the d	iseases, or	complications the	t cliused t	he death. Do	not ant	tar tha	mode of dy	ing, suc	h ss ca	rdisc or respi	ratory sn	rest,	Approxim	
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	List only one sm	on eac	HIV									Interval B	
		DUE TO	(OR AS A C	ONSEQUENCE C	OF):									
Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING Iry	c		ONSEQUENCE O										
		d											1	
PART II. Other significa	nt condition	e contributing to	death but	not resulting	In the	undari	ying cause	given In	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 I	TO
25. WAS CASE REFERRED TO	O MEOICAL					26	S. PLACE OF O	EATH (Ch	eck only o	ine)				
EXAMINER? 1 YES 2 NO	_	HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTH 4 🗆 N	ER:	Home 5 🗆 Re							
27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIR	AE OF	-	INJURY AT			SCRIBE HOW IN	JURY OC	CURED	-	
	Pending Investigation	(Month, D	ay, Year)	IN	JURY	1[WORK?	NO						
3 Suicide 8	Could not be determined	28e. PLACE O building,	F INJURY — etc. (Specify)	At home, farm,	street, f	actory, o	office		281. LO	CATION (Street a or Town, State)	nd Number	or Rural F	Route Number,	
		CIAN: To the best of R: On the bests of e) and manner as a	tated.
29b. SIGNATURE AND TITLE	but!	1 Jean	Ma	7			29c. LICI	ASE NUM	IBER	3	29d. DAT	E SIGNEO	(Month, Day, Year)	
30. NAME AND AODRESS OF	PERSON WH	COMPLETED CAUS	SE OF DEAT	TITEM 27) (Type	Prine)) <	51 (CA	m DI	W745 1	ul 2	1615		
MAY 2, 5	76 g	32 REGISTRA	re signist	URE	(1/1	70		7/)		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

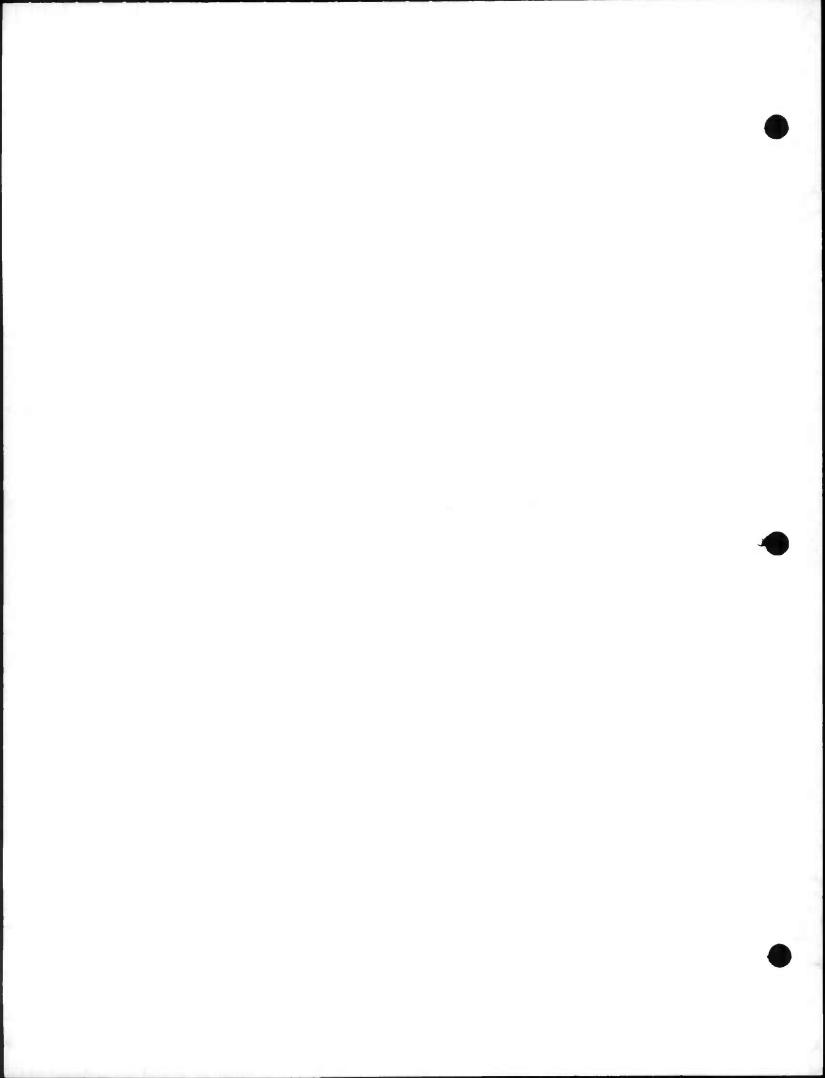
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

12

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21215-0020	cuted within 24 nours after death. Page 6 may be retained by the hospital or attending physiciti.	d completely filled in the the funeral director name 5 charied he detechan for use so the hundred connects as
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AND	the hospital	detached for
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MORE	зде 6 тау	director nav
BALT	fter death. F	the funeral
	2+ hours a	filled in hv
58760,	cuted within	d completely

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% hours after death

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAY 2 5 1993

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND C	DEPAR	RTMEN	T OF I	HEALTH	H AND	MENT	AL HYGIEN		3	17434
ſ		1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
- 1	ı ş	MARY E, R	ROBINSON	1						MON		14	YEAR 7	2/00,00
	l li	4. SOCIAL SECURITY NUMBER			st birthday)	IF UNDE	R 1 YEAR	IF UND	ER 24 HRS.	7. DAT	E OF BIRTH			PLACE (State or Foreign
	- 6	214-42-9815	1 🗆 M 2 💢 F	51	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year) 8-1942		Country	y)
	- 1	9a. FACILITY NAME (If not institution, give si				9b. CIT	Y. TOWN	OR LOCAT	TION OF D	_	0-13-12		NTY OF DE	ryland
)	CTOR	PENINSULA REGIONA		CENTE	R	1,000	SALI			- CAITH		12.0	COMI	
	ш	10a. STATE 10b. COUNTY	,		10c, CI7	Y. TOWN	OR LOCA	TION						10d. INSIDE CITY
	DIR	Maryland Wico	miao		C.	-14	sbur						- 1	LIMITS?
		10e. STREET AND NUMBER	mico		1 3	4113		. y 1. ZIP CO	DE			ton CIT	TEN OF W	1 YES 2 NO
	ERAL	Dt 10 De- 276	T D	a			"							HAI COUNTRY?
	FUNE	Rt. 10 Box 376	12. WAS DECEDENT EVER		MED	140	W# 0 D50	218					S.A	
	1	1 Never Married 2 Married	FORCES? 1 TYE	S 2		13	If yes, sp	ecify Gub	en, Mexico	en, Puerlo	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black	— American Indian, , White, etc.
	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES			1 TYES	2 NO	Specific Spe	fy:			Specif	•
	0	15. DECEDENT'S EDUC	CATION	16e. DI	CEDENT'S	USUAL	OCCUPATION	ON		14	Sb. KIND OF BUS	INECC (INC	MICTOV	Black
		(Specify only highest grade Elementary/Secondary (0-12)		/(0	live kind of Do NOT u	work doni	durina ma	ost of work	king	1	D. KIND OF BOS	HAC99/HAC	7051H1	
		12	College (1-4 or 5+)	T	ome	-+ i	_				None			
nce.	COMPL	17. FATHER'S NAME (First, Middle, Last)		1	ome:	SCIC		10 MO	THEB'S NA	ME (Elm)	None			
be notified at once.		Olan Robinson							_			Sumame)		
Pe	B	19a, INFORMANT'S NAME (Type/Print)		T 40	- ACAIT INC	100056	20.404				onway			
10t	2										mber, City or Town			
pe		Chauncey Seldo							Je.	rse				ld.21801
		20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State		AND DATE			ame of		5	TE 20c. LOC	CATION —	City or Tox	wn, State
examiner must		4 Donation 5 Dother (Specify)		Whit	eha	_				12	6 Whi	teh	aven	Md.
E I	- 8	21. SIGNATURE OF FUNERAL SERVICE LIC		A.		22	. NAME A	ND ADDR	ESS OF FA	CILITY	Q	21 1	Wort	Rd.
еха		Iladus I	3. Stewa	力	•	C:	lint	on	F G	S+01				. Ku. 1.21801
medical		23. PART I. Enter the diseases, pro	omplications that caus	ed the da	ath. Do	not ente	r the mo	da of d	vina auc	th as ca	rdiac or resolu	eton en	S.MO	Approximate
med	- 1	snock, or nearwallure.	List only one cause on	aach line					ymig, auc	All de Co	rolac of reapi	ctory arr	vat,	Interval Between
the	- 1	iMMEDIATE CAUSE (Final disease or condition	٨			C .	11/							Onset and Death
it,	-	resulting in death)	DUE TO (OR AS		E		VH					_		
or other traumatic event, the	_	_	DOE TO (ON AS	A CONSE	OUENCE O	r):								
nati	6	Sequentially list conditions,	DUE TO (OR AS	A CONSE	DUENCE O	FI-								
ran	F	if any, leading to immediate cause. Enter UNDERLYING		N 00110E	JOENCE O									
Jer I	윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSE	OUENCE O	FI:								
5	CERTIFICATION	resulting in death) LAST				,								İ
λ, 0	8		J											
Injury,	ا نِـ	PART II. Other algorificant conditions	contributing to death	but not i	resulting	in the u	nderlyin	g cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	S	HYPERTER	USION								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
88	EDIC	MORBID	OBESIT	1					-		1 TYES 2	ATNO		OF DEATH?
60	Σ.		/							_				1 YES 2 NO
2	SICIAN	DIABETE 25. WAS CASE REFERRED TO MEDICAL	S MEY	ITU_	7									
or item	ᅙ	EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only o	one)			
	HYS	1 VES 2 NO	1) Inpetient 2 ER/Ou				_		Residence	_	er (Specily)			
marked,	픕	27. MANNER OF DEATH 1 Setural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		26b. TIM	URY	26c. INJ WO	URY AT PRK?		28d. DE	SCRIBE HOW IN	JURY OC	CURED	
шаг	B	2 Accident Investigation				М		YES 2	□ NO					
.00	0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	ty — At ho ecify)	me, farm, :	treet, fed	ctory, offic	•			CATION (Street e.	nd Number	or Rural Ro	oute Number,
64		4 Homicide determined		-										
Hem	MPL	29e. CERTIFIER Check only	CIAN: To the best of my kno	wledge, de	ath occurr	ed at the	time, data	and plac	e, end due	to the ci	euse(e) end man	ner ae stat	ed,	
	ĕ		R: On the basis of examinati											end manner se stated.
_	8	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI					
2	B	-1.0.10	tisus									290. UATI	SIGNED	(Month, Pay, Year)
=	2	30. NAME AND ADDRESS OF PERSON WHO		CATH ATT	M 970 /5	Dulant		1	365	7	9	- 3	120	773
		D . D	The state of the s	ATP			D.			-	<			10001
		ROWALD P-	TRAVITZ		- 5	-	ואנטן	ERS!	DE.	JR.	. UHLI	SOL	7 ~	D 51801
	_ H	SI, DATE FILED (MORITI, Day, 1987)	32. REGISTRAR'S SIG	NATURE								7		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove
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_	-	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	* 1		FICATE OF		2. DATE OF DE	G. NO.	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	E. /\OS_S	AGE (in yrs.jies) birthda	4 5 181959 4 1819		5	29	13 1842
	577 24 6875	1 🗆 M 2 🕩 F	7 YRS	MONTHS DAVE	HOURS MIN.	7. DATE OF BIF (Miprith, Day,	20/10	BIRTHPLACE (State or For Country)
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH .	9c. COUN	Maryland TY OF DEATH
СТОВ	Washington Adve	entist Hosp	oital	Tako	ma Pai	ck M.) Moi	ntgomery
DIREC	Maryland Prin	ce George's		CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
AL D	100. STREET AND NUMBER	ce George s	5		sville		10g CITIZ	KX YES 2 TEN OF WHAT COUNTRY?
E .	7404 Wells Blvd				20783			ted States
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EX		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spe	city Yes or No-	14. RACE — American Indi Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR			2 XNO Specif		,	Specify. White
TED	15. DECEDENT'S EDI (Specify only highest grad			I'S USUAL OCCUPATION work done during mo		16b. KIND	OF BUSINESS/INDI	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)			77	
COMP	17. FATHER'S NAME (First, Middle, Lest)		поше	emaker	18 MOTHER'S NA	AME (First, Middle,	wn Home	
ш	James Grambel Du	nn				Hampton		
10 B	19e. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Street a				Code)
	Theodore W. Ros	S)4 Wells 1				20783
	1 Donation 5 Other (Specify)	noval from State	cemetery, crematory of Marvland	reof disposition (Ne cother place) I Veterans	_{imeof} s Cemete:	OATE	Chelte:	nham, Md.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY		
	Robert E	. Evan	a Par		l-Evans			.A. aryland 207
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause	on eech line.				respiratory arre	Onset and
	resulting in death)		RE SEIKE	· ·				MINU
NO O	Sequentially list conditions,	· ACUTE	MYS CARL	DIAL IN	1FARITA	ON		House
ATI	if sny, leading to immediate cause. Enter UNDERLYING		Ry ATA					100
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):				37743
EH	resulting in desth) LAST	a. ARETIOSCI	LEROTIC G	PROIONASC	UAR DIS	EAST.		YEARS
_	PART II. Other significant condition			g in the underlying	g ceuse given in			
MEDICA	DIABETES	mellitus					YES 2 NO	AMAILABLE PRIOR COMPLETION OF
M							71	1 YES 2 P
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	/Outpetient 3 🗆 DOA	OTHER:	e 5 🗆 Residence		(f _V)	
PHY	27. MANNER OF DEATH	28a. DATE OF INJU	URY 26b. T	IME OF 28c, INJ			HOW INJURY OCCI	URED
ВУ	1 Netural 5 Pending 2 Accident Investigation	5/29/	73 .	M 1 🗆 1	7			
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	JURY — At home, fam (Specify)	n, street, factory, office		City or Town	Street and Number (, State)	or Rural Route Number,
MPLE	29a. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best of my I	knowledge death occu	grad of the time date	and alone, and due	<u></u>		
OMI								d. Cause(a) end menner ee st
E CO	29b. SIGNATURE AND TITLE OF CERTIFIE			1	29c. LICENSE NUR			SIGNEO (Month, Day, Year)
10 B		7116	Mu:		0443	22.	>5	13/193.
-	30. NAME AND ADDRESS OF PERSON WH	MA 2 MI			03: CHEVE	01 0	0.7	/
1	The state of the s	umi audi N	DULLIAN JANUA	6, Rm H-4	U. 7 HAVA	UNU MA	10100.	
	31. DATE FILED (Month, Day. Year)	32. WEDISTRAR'S	SIGNATURE	0,1011) 11 1	9100	26253	20/21	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

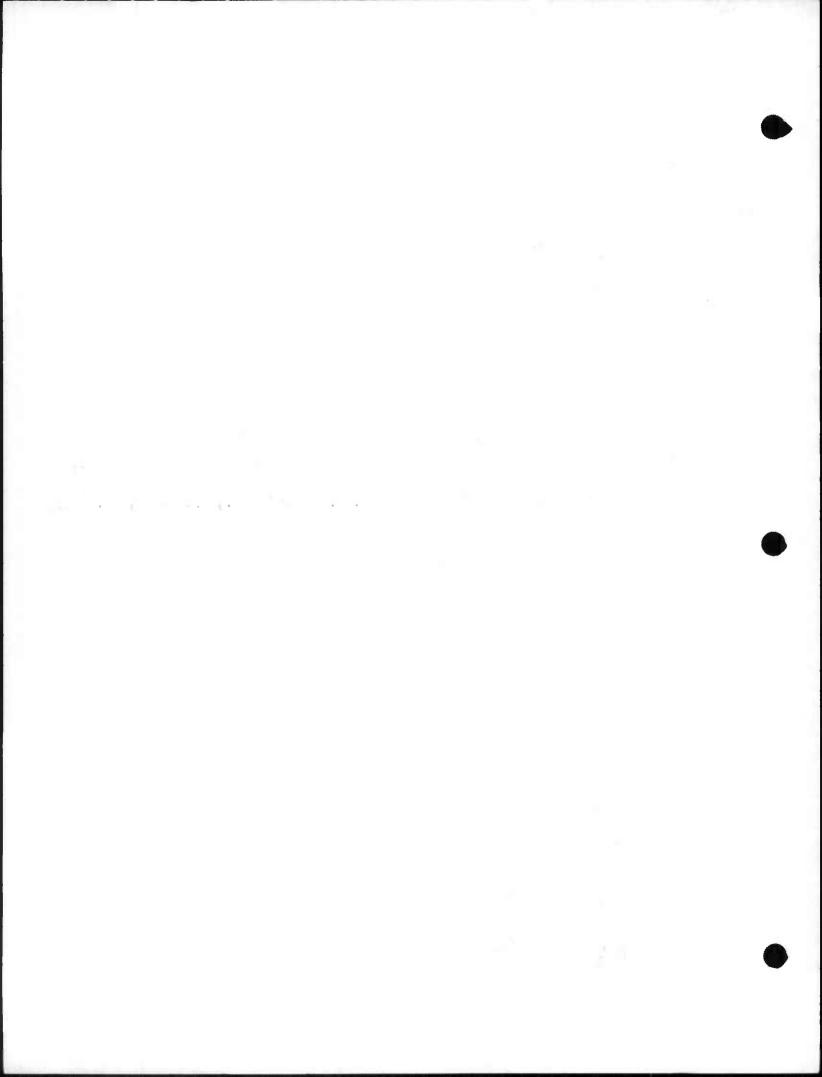
Central Land

BALTIMORE, MARYLAND 21215-0020

93 17436

	REGISTRAR		CI	<u>:KIIF</u>	ICATE	OF	DEATH		RE	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) RACHEL ANNE R	OEHI							DATE OF D	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		III and a second					IAY	25) 1	.993	9:50Am
	389-76-0670	5. SEX 1 □ M 2 ☑ F	6. AGE (In yrs. les	35YRS.	IF UNDER	DAYS	IF UNDER 24 HR	(Month, Day,	Year)	957	Countr	IPLACE (State or Foreign y) SCONSIN
	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY,	TOWN C	OR LOCATION OF			-, -		INTY OF D	
DIRECTOR	NIH, THE CLINICA	L CENTER			BET	HESI	OA, MAR	YLAN	ND		MON	NTGOM	IERY
E C	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
		USSEX			EWES								LIMITS?
FUNERAL	100. STREET AND NUMBER 420 KINGS HIGHW	A 37					ZIP CODE						VHAT COUNTRY?
N N	11. MARITAL STATUS	A I	EVER IN HE AR	MED	100		19958				USA		
β	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, OIVE W	YES 2	10	lf If	yes, sp	ecify Cuben, Mer 2 2.NO Sp	xicen, Pu	erto Rican,	etc.)	or No—	14. RACE Black Speci	E — American Indian, k, While, etc. by: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND	OF BUS	INESS/INI	DUSTRY	WILLE
	Elementary/Secondery (0-12)	College (1-4 or 5+	- Alde	Do NOT us	vork done di ne retired.)	unng mo	st of working						
COMPLETED		4		ART	IST				AR	T			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (F	irst, Middle,	Meiden S	Surname)		
BE	JOHN ENGLER						MARY						
2	194. INFORMANT'S NAME (Type/Print) JOHN ROEHL						nd Number or Ru				, State, Zip	Code)	
.							LEWES						
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE A	MD DATE O	of Disposi	TION (Na	me of	1				City or To	
	21. SIONATURE OF FUNERAL SERVICE LICI	ENSEE	MEM	THIN C			ID ADDRESS OF	5/2		NEW	ARK	T.OM IV	SHIP, WI
	MA Cha	mless	D.	10009			7 30 50 50 50			RIVE	ERDAI	E. M	D. 20737
	23. PART I. Enter the diseases, Dr co	omplications that	caused the da	ath. Do n									Approximate
1	shock, or heart fallure. L	list only one ceu	e on aach iina	•									Intarval Between Onset and Desth
	disease or condition resulting in death)	Carda	0-12 Jun		1 4	ne	5 7						Insuralist
		DUE TO	OR AS A CONSEC	VENCE OF	5:								7/91- 5/25/93
Z	Sequentially list conditions,	Met	esteh	c /	300	45/	CANC	en					5/25/93
Ě	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	UENCE OF	ን:								
유	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF	7:								
CERTIFICATION	resulting in death) LAST				,								į l
	DART II OM I - III III												1
EDICAL	PART II. Other significant conditions	contributing to	saath but not n	asuiting i	n the und	darlying	cause given	in Part		WAS AN /	NUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									1 🗆	YES 2	ŬNO		OF DEATH?
Σ						_							1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
S	EXAMINER?	HOSPITAL:			OTHER	:	ACE OF DEATH					-	
¥ ∥	1 TYES 2 NO	1. Inpetient 2 28e. DATE OF I		DOA 28b. TIMI		ing Home	5 Resident	_					
	1 Natural 5 Pending	(Month, Da	y, Year)		URY	WO		284	. DESCRIBE	E HOW IN	JURY OC	CURED	
B	2 Accident Investigation 3 Suicide & Could as be	28e. PLACE OF	INJURY — Al hor	ne, farm, s	treet, facto			281	LOCATION	(Street or	nd Number	or Burni B	loute Number,
COMPLETED	3 Suicide 6 Could not be determined	building, a	tc. (Specify)			. ,		100.	City or Tow	n, State)	IC ITGINDO	OF HUIST H	oute reamon,
Ä	29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSIC	IAN: To the heat of a	m knowledne de	oth occurre	el et the tie	no dete	and alone and						
MA I	(Check only one) 2 MEDICAL EXAMINER												end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE P						
8	Ener 1 1t.	me my)										(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type.	Print)		MD 02	06	77		- 3	1/25	185
	Emily J. Steves					CKVI	LLE PIR	KΕ,	BETH1	ESDA	, MA	RYLA	ND 20892
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAS	SIGNATURE ANICOSON	indelle									
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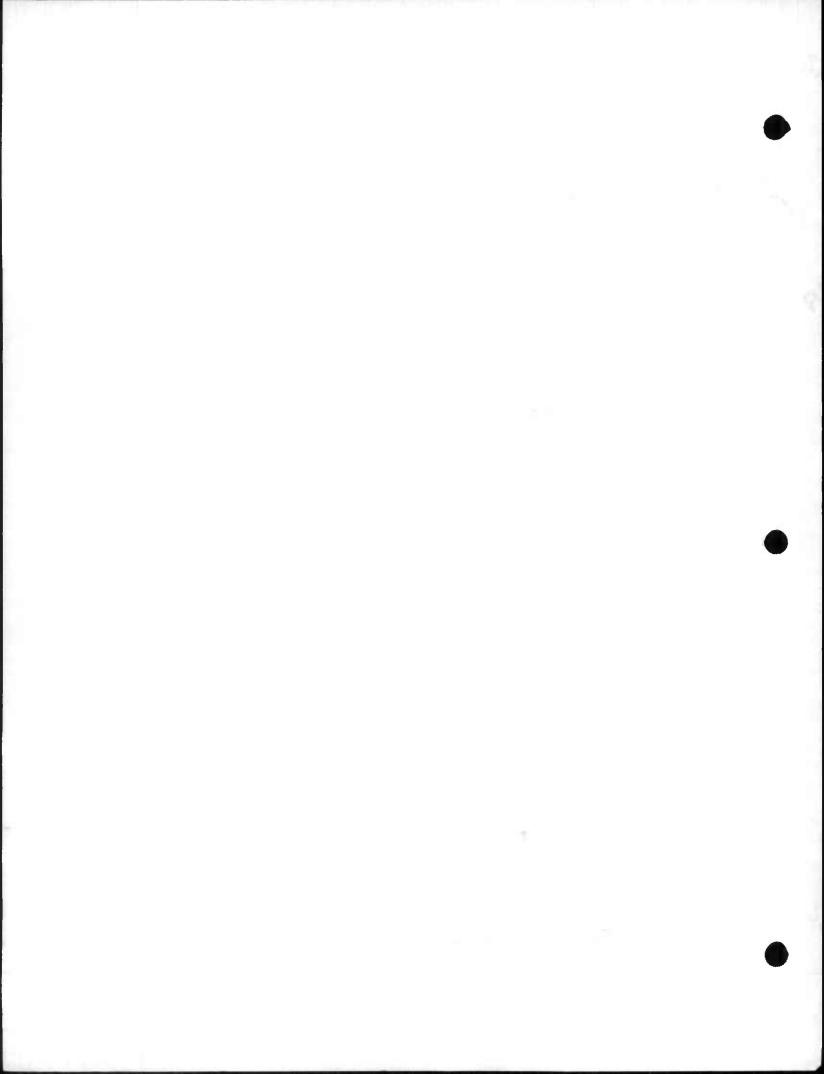
DHMH-18 Rev 1/89



31. DATE FILED (Mopth, Day, Year)

DIVISION OF VITAL BECODE BOX 5255
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit have be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)	Park	2.60						2. DATE OF DEATH DON'TH DATE	AY_	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	nc c	· Koge							5-2	8-	43	9:30 Pm
- 3	217-48-75 4		5. SEX	6. AGE (In yr.	s. lest birthday YRS.	MONTHS	DAYS	HOURS	24 HRS.	(Month, Day, Year) July-17-1	903	8. BIRTHP Country, SOLIT	tace (State or Foreign th Carolina
	9a. FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			NTY OF DE	
DIRECTOR	WASHIN OTO	NAAL	ENTIST /	Hospi	TAZ	14	Kon	na :	PARI	il .	N	longe	SOMERY
EC	10e. STATE	10b. COUNTY	r		10c. C	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
	Maryland	Prin	ce George	e¹s	Co	olleg	ge Pa	ark					LIMITS?
FUNERAL	100. STREET AND NUMBER 4813 Lackay	72000	Chanal				10	M. ZIP COD					HAT COUNTRY?
NE	11. MARITAL STATUS	wallia						2074					tates
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	XX yo	13.	If yes, s	pecify Cubi	ın, Mexican	IC ORIGIN? (Specify Yes i, Puerto Rican, etc.)	or No	Black,	American Indian, White, etc.
BY	₩ Widowed 4 □ Divo	read	IF YES, GIVE W	WH OR DATES			1 [] YES	s 2 X 100	Specify:			Specify	White
	(Specify only	EDENT'S EDU highest grade	CATION completed)	164	(Give kind o	work done	during m	ON ost of worki	ng	16b. KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	9 Years	-12)	College (1-4 or 5		ousew		,						
S	17. FATHER'S NAME (First, Mi									NE (First, Middle, Maiden	Sumame)		-
BE	General J. (1					Lil		Holland			
2	Nancy McGlot									oute Number, City or Tow		,	00006
	20g METHOD OF DISPOSITI			20b. PL	ACE AND DATE	OF DISPO	SITION /N	ame of		scondido,	CATION -	City or Tow	n State
	XX Burial 2 Crematio 4 Donation 5 Dither	(Specify)	oval from State	Ar I	ingtor	other place Nat	iona	al Ce	metei	ry 6/3/93	Arli	ngton	, Virginia
	21. SIGNATURE OF FUNEZIA	SERVICE LIC	ENSEE		E:	22	NAME A	NO ADDRE	SS OF FAC				
	Monale	dV.	BOOK	aud:	t .	4	400	Powd	er M	ill Rd. Be	ltsv	ille,	Md. 20705
	23. PART i. Enter the di shock, or he	seeses, or c	complications the	t caused the	e death. Do	not ente	r the m	ode of dy	ing, such	aa cardiac or respi	iratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin		()		Λ	1							Onset and Death
	resulting in death)	→	a. Card	(OR AS A CO	MSEQUENCE	esh on:		_					
z	40-774-00-00-00-00-00-00-00-00-00-00-00-00-00		MULL DUE TO				Em	fail	ve				į
NT 10	Sequentially list conditi												
FIC	cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	"	e Massin	(OR AS A CO	NSEQUENCE	OFI:					_		
CERTIFICATION	resulting in death) LAS	T	a Perforal	I Tra	skeise	Colo	٦ , ه	he to	: 06	Structing sig	moid	lesion	24°
	PART II. Other significa									-			WERE AUTOPSY FINDINGS
MEDICAL	Asab						,			PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
MED											- Land		OF DEATH?
_										_			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSFITAL:			OTHE		LACE OF D	EATH (Che	ck only one)			
IYS	1 TYES 2 MANNER OF DEATH		1 in Inpatient 2 26a. DATE OF			4 🗆 Nu	raing Hor		sidence (8 Other (Specify)			
	1 Netural 5 🗆	Pending Investigation	(Month, D		26b. Ti	IJURY M	W	JURY AT ORK? YES 2	30%	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
ED BY	3 Suicide 8	Could not be	28e. PLACE O	F INJURY — / etc. (Specify)	At home, farm	street, fac	ctory, offic	00		28t. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Ro	oute Number,
ETE		determined				_				Oily Or IOWII, State)			
COMPLET										to the cause(s) and man			-
S	2 MEDI			xamination and	d/or investigat	lon, in my	opinion,	death occu	red at the t	lime, data and place, an	d due to ti	he cause(a)	and manner as stated.
8	296. SHOWATURE AND TITLE	DE CHIMINE	R. L					1 1.	ENSE NUM	-	29d. DAT	E SIGNED	Month: Day, Year)
9	30. NAME AND ADDRESS OF		O CON LETED CAUS	SE OF DEATH	(ITEM 27) (Typ	e, Print)		1-7	388	1 00/		1	1/12.
4	John D		tkr, Ji	7.	76	100	2110	11 Av	c. #	450 Take	my lo	rk, 1	1d. 20912
1	31. DATE FILED (Mopth, Dirk.)		Julia De	H'S SIGNATU	gandell								nd. 20912
4	. 11110 0 14	IJJJ	Y/		-								



	Page
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500	within
100	4: The law requires that the death certificate be executed within 24 hours after death. Page
1	2
5	Prtificate
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5	that
1	requires
ı	SW.
	The
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	NG

1/23 03 7284 1 M 2 D F 7 YRS. WASHINGTON, D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR HOLY CRUSS SILVER SPRING MONTGOMERY MD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 313 LEXINGTON DRIVE 20901 USA be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Married 1 YES 2 NO Specify BY 3 X Widowed 4 Divorced detached for use as the WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) 12 POLICE OFFICER METROPOLITAN POLICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ page 5 should be ALROSE RAYMOND ROSE SCHIMER notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 MICHAEL G. 9917 DELLWOOD AVENUE RAYMOND COLUMBIA, MARYLAND 21046 9 20a. METHOD OF DISPOSITION
1A Burial 2 Cremation 3 Removal from Stat 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must GATE OF HEAVEN CEMETERY 4 Donation 5 Other (Specify) 6/3 SILVER SPRING, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 n by the removal. 23. PART I. Enter the diseases, of compilestions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medicai Approximate shock, or heart fallure. List only one cause on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition resulting in death) or other traumatic event, CERTIFICATION Sequentially list conditions, 2 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician Mental Hygiene prior to Congesture
DUE TO (OR AS A CONSCOUENCE OF) that initiated events resulting in death) LAST Item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO BY PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** OTHER: 1 TES 2 HO ntient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) OR ATTENDI COMPLETED 6 Could not be Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE Be filed within 72 ho 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER BE idelma 2 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10301 SEIDERMAN

32. REGISTRAR'S SIGNATURE PANDARE

1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

RAYMOND

IF UNDER 1 YEAR | IF UNDER 24 HRS.

2. DATE OF DEATH

7. DATE OF BIRTH

93

10:07 A.M

8. BIRTHPLACE (State or Foreign

GEORGE E. RAYMOND

6. AGE (In yrs. last birthday)

FDWARD

5. SEX



FOR STATE REGISTRAR

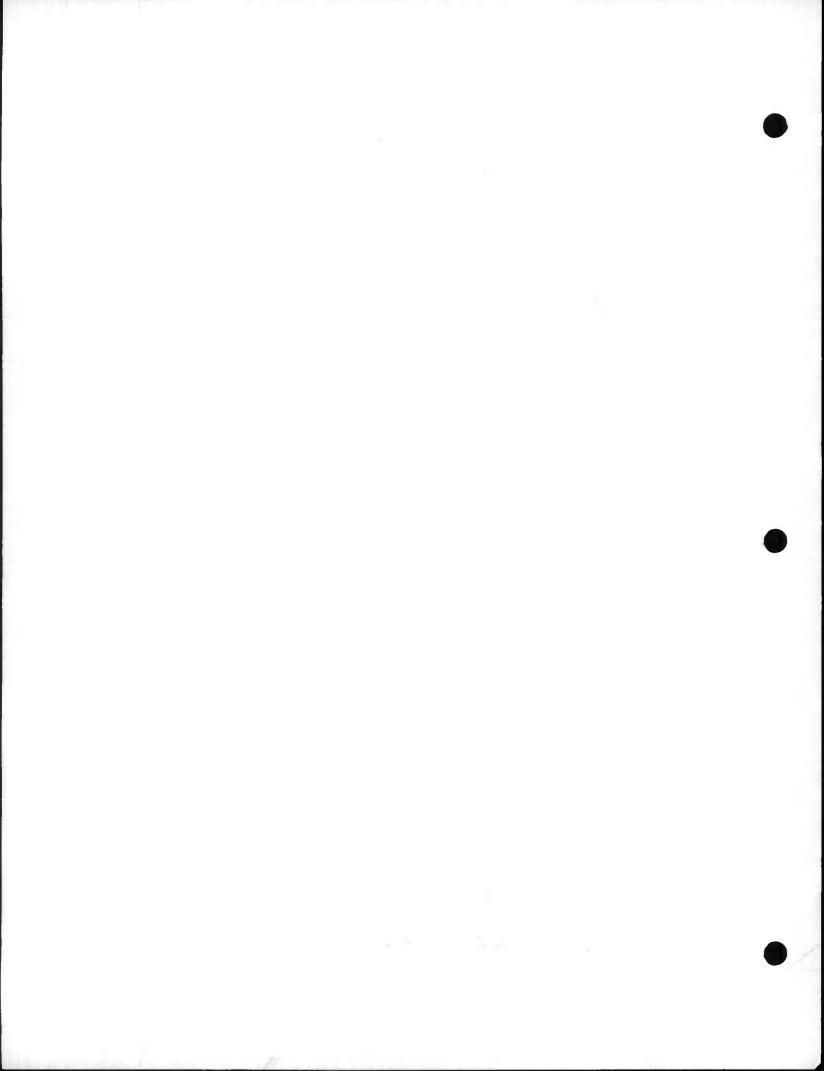
1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

GEORGE

1 -

VITAL DIVISION



	_	HEGISTIAN		- CL	-ITTICION	TIL OF	DEATH		HEG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	R Willia	m 50	ついず	156	2	2. DATE (OF DEATH	ď	3. 1	TIME OF DEATH	P
_		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las			T	6	3		31.	5,07	160
		184–16–7995		71	YRS. MONT	THE DAYS	HOURS MIN.	7. DATE ((Month, 3–13	Day, 16ar)		Country)	CE (State or Foreign /lvania	1
hodi	1	9a. FACILITY NAME (If not institution, give s	treet and number)	11	9b.	CITY, TOWN	OR LOCATION OF DE	EATH		99CTCOUNTY	OF DEATH	10	
. 2, 3	DIRECTOR	SOUTHERN MA	RYLAND	Hosp	TAL	CLIA	uton.	ma	1	+RIA	JCE	GEORG	,5
Sec	ĬĮ.	10s. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCA	ATION				10d	I. INSIDE CITY	
alt. Pag		Maryland Princ	ce George'	S	Aqua						1 [YES 2 NO	
020 physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	16300 St. Mary's	Church Ro	ad		14	01, ZIP CODE 2060	80		10g. CITIZEI	USA	COUNTRY?	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the buriat-tranoutlified at once.	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 K	TES 2 N		If yes, a	CENDENT OF NISPAI pecify Cuben, Mexica S 2 NO Specif	in, Puerto R	(Specify Yes lcan, etc.)	or No- 14	Bleck, Wh Specify: Whi		
215 atten 86 as		15. DECEDENT'S EDU		16a, DE	CEDENT'S USUA	AL OCCUPAT	ION	18b.	KIND OF BUS	INESS/INDUS			
MARYLAND 21215-00 retained by the hospital or attending 5 should be detached for use as the notified at once.	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	he kind of work of Do NOT use retir Mechan	ed.)	lost of working		Auto	omotiv	e		
AN the hos detach	3	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (Elm A)					
at of the		Earl J. Sponsler							igelov				
H be	BE	19a. INFORMANT'S NAME (Type/Print)		-									_
MARYLAND retained by the hospit should be detached notified at once.	임	Helen C. Sponsler		190			and Number or Rural I lary's Ch					1608	
		20a. METHOD OF DISPOSITION		T		-							_
HOR e 6 ma rector, p		1 Donation 5 Other (Specify)			MODATE OF DIS Matery or other pl NICY ME	moria	l Gardens		Wald	dorf,		Stata	
T. Paral d		21. SIGNATURE OF FUNERAL DERIVICE DE	ENSEE			HIND	t Funera.	CILITY	Δ				
		Mark G.	Brohawn	M0009	53). Box 156			. Md.	20604	1	
B noun after of in by the medical		23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final	omplications that c List only one cause	caused the de on each ilne	ath. Do not e							Approximata interval Between Onset and De	
A si co a		disease or condition resulting in death)	. 4		10.	- 1 -	5 . 6		1				
went	1	resulting in death)	DUE TO (O	R AS A CONSEC	DUENCE OF):	peo	noval	-	er Pe	· cert	·		_
58760 control wit d comple burtal, cre	z	A DESCRIPTION OF THE PARTY OF T	b .										
×		Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	QUENCE OF):								
B TEL	3	CAUSE (Disease or injury	c										
0 2 2	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	QUENCE OF):								
S, P. death ental I	H I	tosoning in death) 5.51	d										
DS, P the death the atter d Mental d Mental	- 11	PART ii. Other significant condition	a contributing to de	eath but not r	esuiting in the	e underlyis	ng cause given in	Part i.	24s. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDIN	igs
2 2 2 E	EDICAL								PERFOR			ILABLE PRIOR TO MPLETION OF CAUS	E
Sign Sign Sign Sign Sign Sign Sign Sign								_	1 TYES 2	⊔мо		DEATH?	
ITAL RE V: The law required has been State Dept. of Item 23 sho	2							-			1 '-	YES 2 NO	
AL has bep Dep	IAN:	25. WAS CASE REFERRED TO MEDICAL	-			26. F	PLACE OF DEATH (Ch	eck only one	ı)				
F VITAL RE SICIAN: The law req certificate has been of the State Dept. of 1, or Item 23 sho	SICI,	EXAMINER?	HOSPITAL:	AlCuenesiane 2		HER:							
Sicial certification of the	숲▮	27. MANNER OF DEATH	26a. DATE OF IN		28b. TIME OF		me 5 Residence			JURY OCCUP	9ED		_
ON OP DING PHYSI After this o death with	A ≻	1 Netural 5 Pending	(Month, Day,	Year)	INJURY	w	YES 2 NO						
O DING DING After death	0	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF I	NJURY — At ho	me, farm, street,			281, LOCA	TION (Street a	nd Number or	Rumi Route	Number	_
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR. After this certificate ha hours after death with the State D Item 28 is marked, or Item:	ETE	4 Homicide 6 Could not be determined	building, etc	c. (Specify)	100 PAGE 1976		5-1		r Town, State)				
DIV L OR A L DIREC	MPL	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my	y knowledge, de	ath occurred at 1	the time, det	is and place, and due	to the ceur	e(a) and man	ner as stated.			
HOSPITAL FUNERAL Within 72 I	SON	One) 2 MEDICAL EXAMINE	R: On the basis of axan	mination and/or i	investigation, in	my opinion,	death occured at the	time, data	and place, and	due to the c	:ause(a) and	f manner as stated	ı.
E FO	S	296, SIGNATURE AND TITLE OF CERTIFIE	2	1			29c. LICENSE NUI	MBER		29d. DATE \$	IGNED (Mo:	nth, Day, Year)	
도 돈 을 &	m	X le					1250	292		► C	1	193	
	임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, Print)						10	2012	
		CHABA!		AIG	, w	1.	8926 W	load	IARD	2d C1	Livio	N. Md.	>
		JUN 0 7 93	32. REGISTRAR'S	S SIGNATURE	Rondess			-				1	

YEAR

1993

7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign Country)
July 14,192(Massachusetts

9c. COUNTY OF DEATH

3. TIME OF DEATH

1:15 p.M

2. DATE OF DEATH

May

PRISCILLA

033-03-6391

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b, CITY, TOWN OR LOCATION OF DEATH

SUMMERFIELD

72

6. AGE (In yrs. last birthday)

5. SEX

1 | M 2/5/F

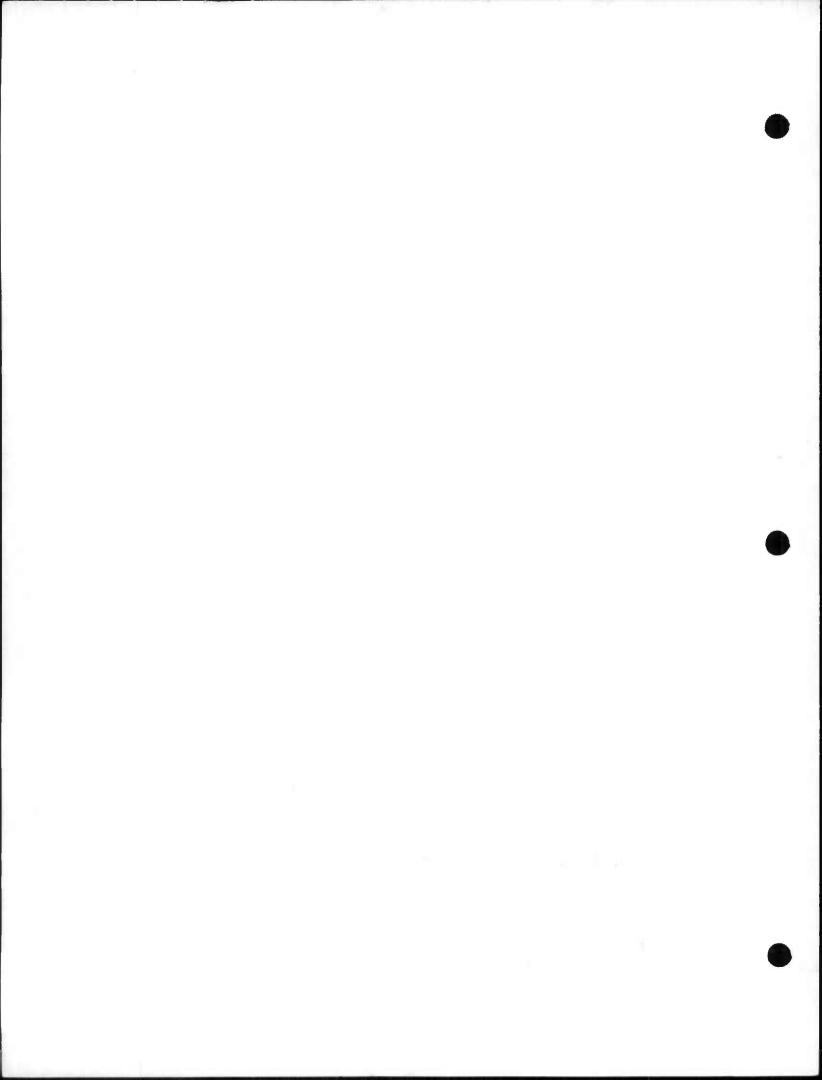
	N
50,	within
687	xecuted
×	90
O. BC	certificate
S, P	death
Ö	the
E.	hat
RECC	requires t
_	AM.
TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
ō	9
_	IAL

DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS? Frederick Maryland Frederick 11 YES 2 | NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 304 Waverly Drive - Apt. EE 21702 American use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO ВҰ Specify: Specify: White 3 XWidowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high detached for ndary (0-12) College (1-4 or 5+) 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Edward Grabow 2 Ħ Mable F. Courtright 8 plage 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21701 304 Waverly Drive, Frederick, Maryland 2 William J. Summerfield, Jr 8 20a. METHOD OF DISPOSITION
1 ☐ Burlai 2 🖔 Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Mark Montgomery Crematorium 5/15 Bethesda, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND AGORESS OF FACILITY the funeral Olin L. Molesworth, P.A., Funeral Hm. Nobert 20872-0117 Damascus, Maryland medical 23. PART J. Enter the diseases, or complications that caused the deeth. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by Approximate Interval Between ö IMMEDIATE CAUSE (Finel Onset and Death the attending physician and completely fille Mental Hygiene prior to burial, cremation, the disease or condition P 0 leals resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 any Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS DIRECTOR: After this certificate has been signed by thours after death with the State Dept, of Health and Item 28 is marked, or Item 23 shows any In AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 Residence 8 Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 93 1 Natural 5 Pending investigation Fall h 2100 M 1 YES 2 NO BY 2 Accident 28s. PEACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) FRED COMPLETED 8 Could not be ding, etc. (Specify) 4 Homicide WAVERIEY DRIVE BLEG EE Home MD 21702 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I -MEDICAL EXAMINER: On the for Investigation, larmy opinion, depath occurred states time date anarthese, and due to the causeles and ganney as stated as TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) **BE** 29c. LICENSE NUMBER J. 5/12/93 Alley J. C. S. 30. NAME AND ADDRESS OF Son mo D26516 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRED WO 1475 TANCY ANC 32. REGISTRAR'S SIGNATURE Gulia Saigdson Randall DHMH-18 Rev 1/89

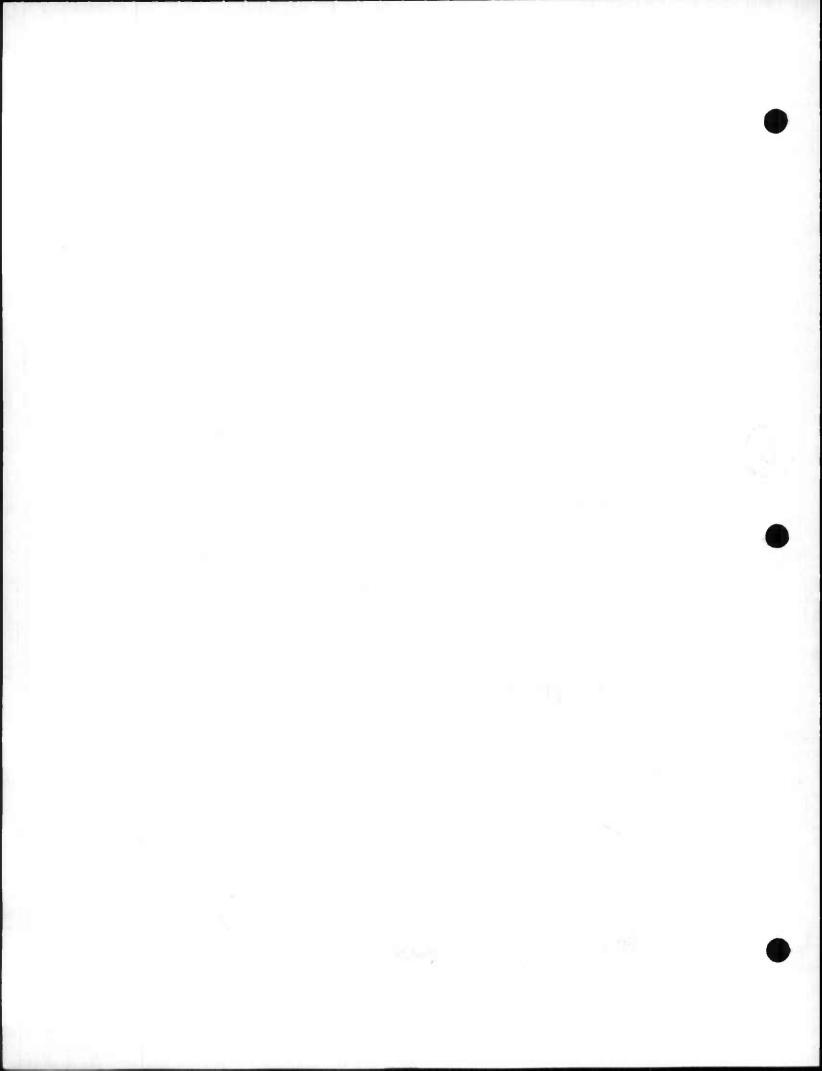
permit. Pages 1, 2, 3 should etained by the hospital or attending physician.

MARYLAND 21215-0020



TO BE COMPLETED BY FIINFRAI DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral mentar, and is should be detached for use as the hunal-transit permit. Pages 1.2.3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
er death from the etained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Commended by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.	93	17441		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
	Elmer Ru	ssell Spi	ringer			MONTH DAY				
	4. SOCIAL SECURITY NUMBER			UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	- 1	THPLACE (State or Foreign		
	212-32-1322	1 M 2 D F 8	3 YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year)	Cou	intry)		
1	9a. FACILITY NAME (If not institution, give st			CITY, TOWN O	R LOCATION OF DE	03-10-10	9c. COUNTY OF	ryland		
Œ						-2017				
DIRECTOR	Pleasant View N	wising Home		Mt. Ai	ry		Carro	ell		
Ä	10a. STATE 10b. COUNTY		10c. CITY, 10	WH OR LOCATI	ON			10d. INSIDE CITY		
5	Maryland Ca	rroll	М	t. Air	и			LIMITS?		
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	4101 Baltimore	National Pike			21771		USA			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.		13. WAS DECE	NDENT OF HISPAN	IIC DRIGIN? (Specify Yea o				
	1 Never Merried 2 Merried	FORCES? 1 YES :		If yea, spec	cify Cuben, Mexica 2 X ND Specify	n, Puerto Ricen, atc.)	Bie	CE — American Indian, ack, White, atc.		
BY	3 Widowed 4 🔀 Divorced			1 123	E MY NO Shacill		Spi	octy: white		
	15. DECEDENT'S EQUO (Specify only highest grade	CATION 16	Se. DECEDENT'S USU	AL OCCUPATION	١	16b. KINO OF BUSIN	VESS/INDUSTRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	red.)	or working					
COMPL			Farmer			Self				
5	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden Su	imame)			
NE NE	Milton George S	pringer			Helen	Wilhide				
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	RESS (Street an	d Number or Rural F	Route Number, City or Town,	State, Zip Code)			
-	Mrs. Clarice M	artin				., Thurmona		1788		
	20a. METNOD OF DISPOSITION	20b. PL	ACE AND DATE OF DIS	SPOSITION (Nam			TIDN — City or			
	1 XBuriel 2 Cremation 3 Remo	val from State cemeter	iv. crematory or other p	PTU		5/12/93 UX		16.6 (000)		
	21. SIGNATURE DE FUNERAL SERVICE LIC			22. NAME AND	AODRESS OF FA	CILITY				
	► 12/1 O	9 L)			eral Homes,				
	23 PART I Enter the diseases or o	emplication that are diff	ner	P. O.	BOX 181	9, Frederic	k, MD	21702		
	23. PART I. Enter the diseeses, or conshock, or heart fellure. L	Liet only one ceuse on each	ilne.	nter the mod	e of dying, suci	n es cerdiac or reepire	tory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition					0		Onset and Deeth		
ı	resulting in deeth)	cardiov	culle will	V SU	delle	leeter		Minute		
		OUE TO (OR AS A CO	INSEQUENCE OF):		escin					
ALICIA	Sequentially list conditions,	O Prece		MISCH	wallo			4/45		
E	If any, leading to immediate cause. Enter UNDERLYING									
2 ∥	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CO	NSEDIJENCE OF							
	resulting in death) LAST		MOLDOLINGE OF).							
3		·								
4	PART II. Other significent conditions	contributing to deeth but	not resulting in th	e underlying	ceuse given in	Part I. 24e. WAS AN AU		b. WERE AUTOPSY FINDINGS		
	Perph MAS, INCEL	Lucey, Repos	sam. No	57-9181	Lolan	PERFORME		AMILABLE PRIOR TO COMPLETION DF CAUSE		
	Anema, alde	anoute le	× .610	1014	T.C. P.C.	1 YES 2	1340	OF DEATN?		
- 11		1	100	wind.				1 YES 2 ND		
. IVI	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE DF OEATN (Che	ck only one)				
5	EXAMINER?	HOSPITAL: t Inpatient 2 ER/Outpatie	or 1 DOA OT	SER:						
	27. MANNER OF DEATN	26a. DATE OF INJURY	28b. TIME DE	28c, INJUI		8 Other (Specify) 28d. DESCRIBE NDW INJ	IIBY OCCUPED			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR		THE SECOND CONTROL	JAT COCONED			
	2 Sulpido	28e. PLACE OF INJURY -	28t. LOCATION (Street and	Number or Burn	Floures Number					
	4 Nomicide determined	building atc (Specify)								
1	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of miles	4-0	70.75 ALC:						
Check only One) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. Description on the best of axemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.										
3		<u> </u>		ту ориноп, сев	in occured at the !	ume, date and place, and d	jua to the cause	(a) and manner as stated.		
	296. SIGNATURE AND TITLE DE CERTIFIER	Junuah)		:	DOC C	BER 2	9d. DATE SIGNE	D (Month) Day, Year)		
	Mexico Fa	Sur vuil)			n098	88	5/	10/93		
	Heralman Karellina	COMPLETED CAUSE DE DEATH 4800 DV	(ITEM 27) (Type, Print)	HI DO	2110	cott cu	ly h	W 21642		
	31. DATE FILED MAY 1 2 1993	32. REGISTRAR'S SIGNATU	RE							
	MAY 1 2 1993	Juna Lavidson	-Randale							



use as the burial-transit permit. Pages 1, 2, 3 should stained by the hospital or attending physician. should be detached for use as the burial-tran once. Ħ notified pe must examiner hours after death. led in by the i medical attending physician and completely filled in mal Hyglene prior to bunal, cremation, or re the traumatic event, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be other 0 signed by the atten Health and Mental shows any certificate has been in the State Dept. of Item 23 6 DIRECTOR: After this cer hours after death with th Item 28 is marked, c TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE

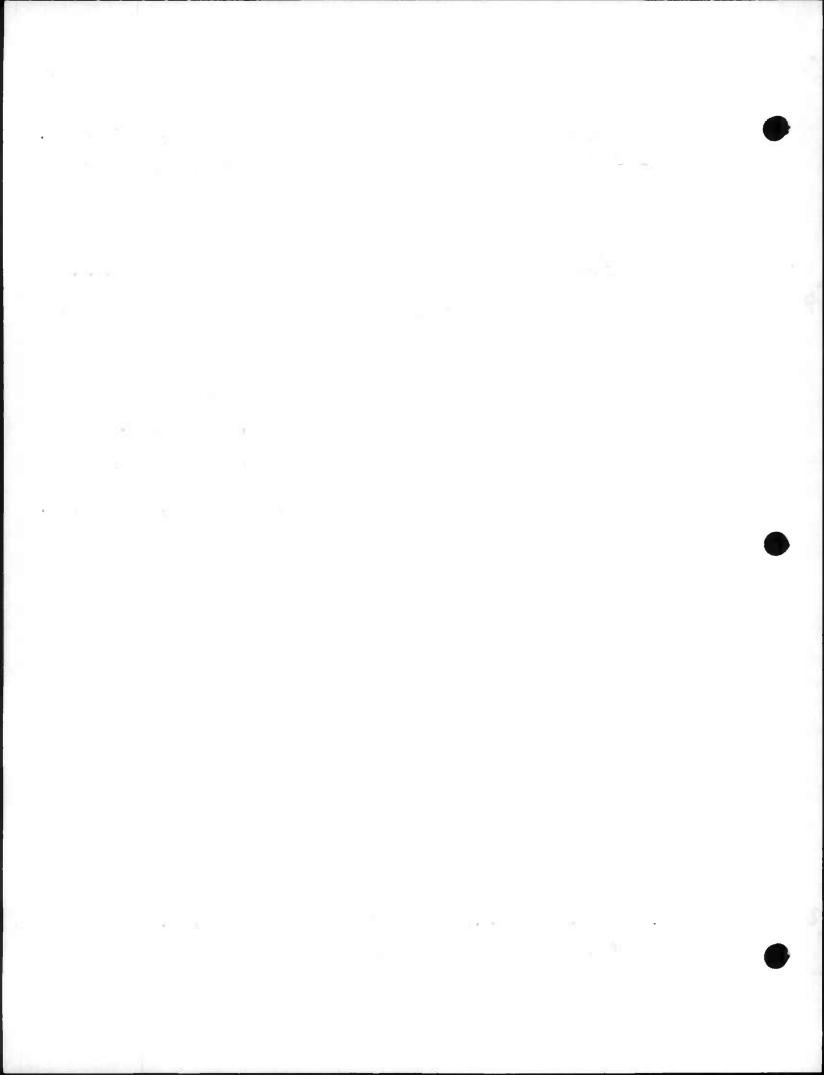
9

31. DATE FILED (MONT), Pay, Mari) 2

AARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) DAY 7 2 2. DATE OF DEATH 3. TIME OF DEATH May B 7:45 A. M Franklin SUMMERS Glenn 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIFTHPLACE (State or Foreign Country (Month, Day, Year) April 1, 217-28-1401 1 M 2 | F 60 1933 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1816 Millstream Drive Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Maryland Frederick 1 N YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1816 Millstream Drive 21702 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\int \) YES 2 \(\int \) NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri Korean Conflict specify: White ВҰ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Stationary Engineer Federal Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Albert Summers Annie May Rice BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 1816 Millstream Drive, Frederick, Md. 21702 Mary Catherine Summers 20a. METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Mount Converte Commence May 10, 1993 Frederick, Maryland 21. SIGNATURGOF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00021 Keeney and Basford Funeral Home 106 Fast Church Street, Frederick 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ARDIUMOPa EDOTOR AS A CONSEQUENCE OF): NO Sequentially list conditions, if any, leading to immediate DUESTO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1- Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 26e. PLACE OF INJURY --- At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be determined COMPLETED 4 Homicide 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 366 49 5/6/53 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Edward P. Riuli, M.D., 310 West Ninth Street, Frederick, Md. 21701 32. REGISTRAR'S SIGNATURE Julia Tavidson-Randale



1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

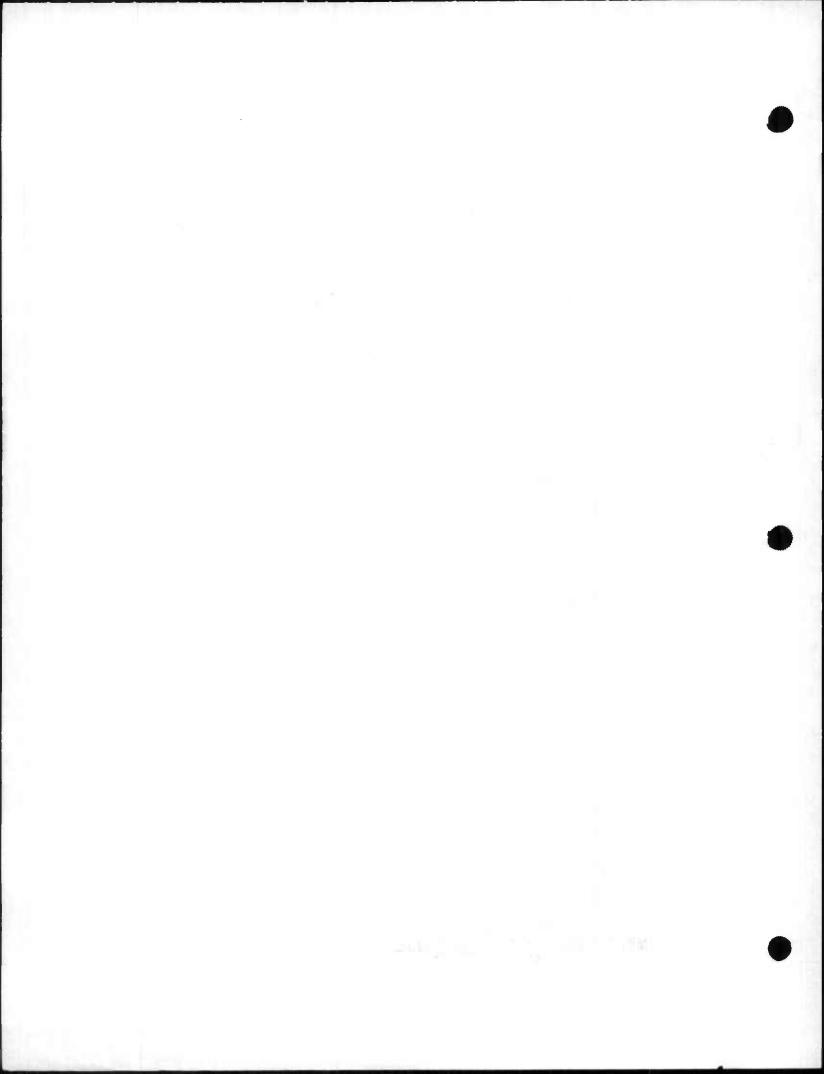
	REGISTRAR			-11111	ICALE O	DLAIII		н	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)						2.	DATE OF E				3. TIME OF OEATH
	M 17 - : 1 .	O . 1					- 10	MONTH	D		YEAR	0 0.
	Mary Wright	Stock					_	5	7	7	003	- ј ј м
		2.00	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR			DATE OF 8 (Month, De)	HRTN	-	8. BIRTI	HPLACE (State or Foreign
	214-18-8285	1 M 2 F	88	YRS.	MONTHS DAYS	HOURS M	IN.	11 1	4 1	904		aryland
	9e. FACILITY NAME (If not institution, give a	street and numbers							. 7 1			
~	The second secon				OR LOCATION		1		9c. COU	NTY OF	DEATH	
Ö	19501 Darnesto		Bea1	1svil1	e			Mor	ntac	omery		
5	RESIDENCE OF DECEDENT									1101	1050	7 III C I y
W.	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION						10d, INSIDE CITY
5	Md. Mont	gomery		Bac	allsvi	11 -						LIMITS?
4		.gomery		Des	ITTSAT	тте						1 YES 2 NO
A	10e. STREET AND NUMBER					Of. ZIP CODE				10g. CITI	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	19501 Darnest	own Rd.				2083	0			TT C	S.A.	
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER MILLS AS	DIMED	1 40 1110 0		_					
I I	1 Never Married 2 Married		YES 2			ECENDENT OF N				or No-	14. RACI	E — American Indian, k, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			S 2 NO S			,,			w white
	o yout o t _ bivorced	<u> </u>			- 1							WILLEC
ᇤ	15. OECEDENT'S EDU		16e. Di	ECEDENT'S	USUAL OCCUPAT	ION		16b, KINI	D OF BUS	INESS/IND	DUSTRY	
10 I	(Specify only highest grade		HA.	Bive kind of von. Do NOT us	vork done during re retired.)	nost of working		1000000				
<u> </u>	Elementary/Secondary (0-12)	2 yrs.	,									
Σ		2 y15.		поп	nemake:	<u>r</u>						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	S NAME ((First, Middle	, Melden	Sumame)		
	E. Nisbet Wrig	ht				Flor	Anc	a Tr	win			
BE	19a. INFORMANT'S NAME (Type/Print)											
2		,	19	MAILINO	ADDRESS (Street	and Number or F	tural Route	Number, C	ity or Town	, State, Zip	Code)	
- 1	Mollie H. Stoc	K		1950)l Darı	nestow	n R	d.Be	a11	svi1	lle.	Md.20839
	20e. METNOD OF DISPOSITION		20h PLACE									
	1 Buriel 2 Cremetion 3 Rem	oval from State	cometery, cre	AND DATE OF DISPOSITION (Name of project) AND DATE 20c. LOCATION — City or Town, State project (Name of project) DATE 20c. LOCATION — City or Town, State project (Name of pro								
	1 Souriei 2 Cremetton 3 Removal from State Competent Cremetory or other place 5/10 Beallsville									e, Md.		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME	AND ADDRESS O	F FACILIT	TY ,	17			
	De mar 1	1 +										
	74	w			Bas	nesvi	11e	, Md	. 2	0838	3	
	23. PART i. Enter the diseases, or o	complications that	A married the sta								_	1
- 1			t ceused the de	eath. Do n	ot enter the m	ode of dying,	such as	a cardiec	or respir	ratory arr	reat.	Approximate
	anock, or haart failure.	List only one ceu	se on aach iins	eath. Do n a.	ot enter the m	ode of dying,	such as	a cardiec	or respi	ratory arr	reat,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final	List only one ceu	se on each iine	a.						-		
	IMMEDIATE CAUSE (Final	List only one ceu	se on each iine	a.						-		Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final	a. Aden	se on each iine	eino	ma U					-		Interval Batween
	IMMEDIATE CAUSE (Final	a. Aden	se on each illne	eino	ma U					-		Interval Batween Onset and Death
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TION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	a. Aden DUE TO	se on each illne	OUENCE OF	ma U					-		Interval Batween Onset and Death
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IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	a. Aden DUE TO DUE TO	O CONO	OUENCE OF	ma U					-		Interval Batween Onset and Death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be required by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directore-executed for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

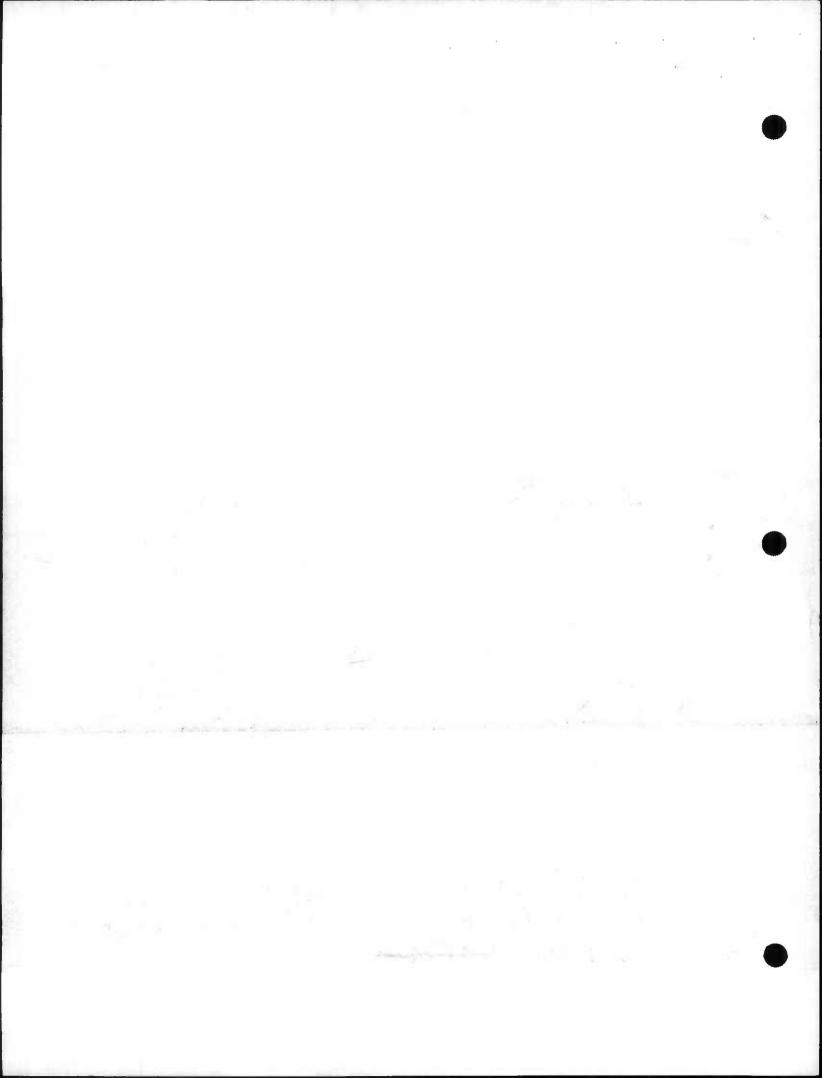


	1 - STATE REGISTRAR		AND / DEPARTMENT CERTIFICATE		REG. NO							
	1. DECEDENT'S NAME (First, Middle, L	Camille -	I		2. DATE OF DEATH MONTH	MY YEAR						
	4. SOCIAL SECURITY NUMBER 577 - 44-74 9a. FACILITY NAME (If not institution, g	16 1 - M 2 XF	(In yrs. last birthday) IF UNDER MONTHS 9b, CITY,	1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	8. BH	ATTHPLACE (State or Foreign untry) ANSILVEN F DEATH					
TOR	FULLS A	meing Do	me Son	dy spies	eg, nd.	Mont	gomery					
DIRECTOR	Md. Mc	ntgomery	10c. CITY, TOWN 0	inden Chu	ksville,	Md.	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
RAL	10e. STREET AND NUMBER	inden Church		10f. ZIP CODE			F WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S RMED 13. Y	21039 AS DECENDENT OF HISPA yes, specify Cuban, Maxici YES 2 NO Specific	NIC ORIGIN? (Specify Ya an, Puarlo Rican, atc.)	s or No— 14, R	SA ACE — American Indian, lack, White, atc. pocity: 11 te					
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.) Teacher - A	cupation privat Privat dmr.Schoo	е	ucatio:	1					
BE CON		iam Mann Ir	vine	18. MOTHER'S NA	ME (First, Middle, Maiden 11e Hart							
9	19a. INFORMANT'S NAME (Type/Print) WIlliam Man	n I.Slade	196. MAILING ADDRESS 13200 Clarks	Linden Ch ville Md.	Houte Number, City or Tow Urch Rd.	vn, State, Zip Code)						
	20a. METHOD OF DISPOSITION 1	Removal from State	b. PLACE AND DATE OF DISPOSI metery, crematory or other plece) Fairview	TION (Name of		rcation — city of rcersbi						
	Lininger-Fries Funeral Home 47 N. Park Ave., Mercersburg, Pa.1											
	23. PART I. Enter the diseases, ahock, or heart fells IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Myo c	d the deeth. Do not entaresch line. ARIDIAL A CONSEQUENCE OF):			iratory arrest,	Approximata Interval Batw Onset and Da					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	A CONSEQUENCE OF):									
MEDICAL CER	PART II. Other significent condi	tions contributing to death b	DEMENT		Part I. 24a, WAS AN PERFOI	RMED?	Ab. WERE AUTOPSY FINOIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)							
BY PHYS	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigati	1 Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)		ng Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURED						
ETED	3 Suicide 6 Could not 4 Homicide datarmine		f — At home, farm, street, facto	ry, offica	26t. LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,					
COMPLE		HYSICIAN: To the beat of my know					e(s) and manner as stated					
TO BE	29b. SIGNATURE AND TITLE OF CERT	re. my		29c. LICENSE NUI	WBER UO	29d. DATE SIGN	ED (Month, Day, Year) $3-93$					
	30. NAME AND ADDRESS OF PERSON TED E. HOT 31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUSE OF DE		OLNE	EY. M.	D						
	JUN 1 0 199											

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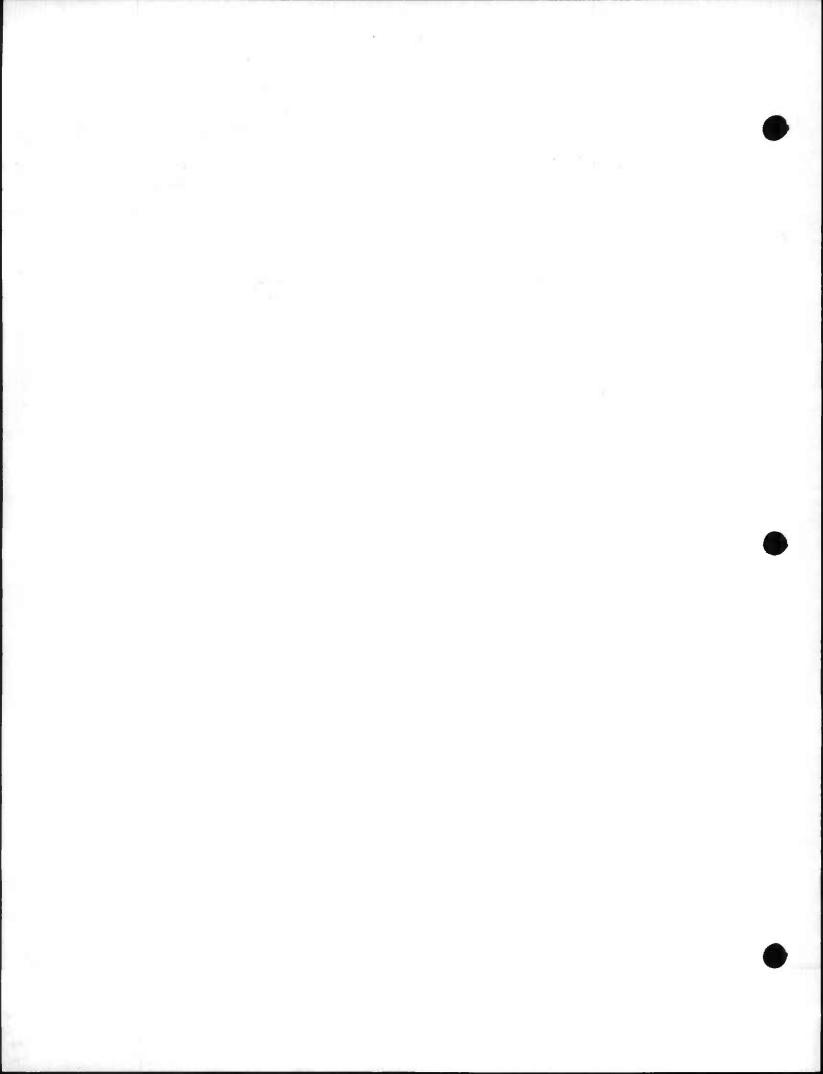
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	1215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ir attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	use as the burial-transit
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

REGISTRAR 1. DECEDENT'S NAME (FIR	II, Middle, Last)	Q	1	CERTIF	ICATE	OF [DEATH	MENTAL HYGIEN REG. NO 2. DATE OF DEATN			TIME OF DEATN
Idwa	ird	1)	Sho	effer				MONTH 3	AY G	YEAR	7272
	4. SOCIAL SECURITY NUMBER			5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTNPL	ACE (State or Foreign	
236-48-95	236-48-9529		57	YRS.	MONTHS D	AYS F	HOURS MIN.	(Month, Day, Year) 9/22/35	ĺ	Graft	on, WV
9a. FACILITY NAME (If not	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	WN OR	LOCATION OF DE		9c. COU	NTY OF DEAT	
Washington County Hospital					Hage	rst	own		Wash	ningto	n
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATIO	N			10	d. INSIDE CITY
WV	В	erkeley			Falli	na l	Waters				LIMITS?
10e. STREET AND NUMBE							IP CODE		10g. CITI		T COUNTRY?
Rt. 1 B	ox 38						25419			USA	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	I.S. ARMED	13. WAS	DECEN		IIC ORIGIN? (Specify Yes	or No-		American Indian
1 Never Married 2		FORCES? 1			If ye	s, speci		n, Puarto Rican, etc.)			American Indian, hita, atc.
3 Widowed 4 Di	besno				1 '	100	A no obocu		- 1	white	9
	CEDENT'S EDUC		10	Sa. DECEDENT'S	USUAL OCCU	PATION	of contract	16b, KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary		College (1-4 or 5	·)		work done durir se retired.)	ng most (or wonang				
		2		labo	orer			Tann	ery		
17. FATHER'S NAME (First,	Viddle, Last)					1	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
Edward	B. Sha	ffer					0th	elia Mouse	r		
19a. INFORMANT'S NAME	Type/Print)			196. MAILING	ADDRESS (St	reet and	Number or Rural F	Route Number, City or Town	n, State, Zip	Code)	
Helen S	haffer			Rt.				ling Water			19
20a. METHOD OF DISPOSI			20b. PI	LACE AND DATE						City or Town,	State
1 Donation 5 Other	on 3 ⊔ Remo r (Specify)	rval from Stata	Cemete	ory, cremetory or o sedale	ther place)	rv				burg,	
21. SIGNATURE OF FUNER	AL SERVICE LICI	ENSEE		scuare .			ADDRESS OF FAC	al Chapel	01113	our g,	W. C.
I)	Z.	1	1				ai unapei Rd.,Mtsbg,		05404	
IMMEDIATE CAUSE (F disease or condition resulting in death)	→ .			ONSECUENCE O	r):	un	rane	of luna	1		Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algoritic		contributing to	death but	not resulting	In the under	lying c	cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MEO?	AM	RE AUTOPSY FINDING AILABLE PRIOR TO
- Freem	ans					_		1 YES 2	HO		MPLETION OF CAUSE DEATH?
								_		1 (YES 2 NO
25. WAS CASE REFERRED EXAMINER?	/	HOSPITAL:			OTHER:	8. PLAC	E OF DEATH (Che	ck only one)			
1 TYES 2 740		1 Impatient 2	ER/Outpatie	ent 3 🗆 DOA		Home	5 Rasidence	8 Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF 280 URY	. INJUR		28d. DEŞCRIBE HOW I	NJURY OCC	CURED	
1 Natural 5	Pending Investigation		-				S 2 NO				
2 Accident	Could not be	28e. PLACE O building,	F INJURY — etc. (Specify)	A1 home, farm,	street, factory,	offica		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Route	n Number,
3 Suicide 8	4 Homicide detarmined building, etc. (Specify)							, or lower, order)			
3 Suicide 8				ne death occur	ed at the time,	data an	d place, and dua	to the cause(s) and man	ner as state		
3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFIER)											
3 Suicide 8 Homicide 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFIER)								time, data and place, an		e cause(a) an	d manner as stated.
3 Suicide 8 Homicide 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFIER)	DICAL EXAMINER					on, deat			d due to the		orth, Day, Year)
3 Suicide 8 29a. CERTIFIER (Check only one) 2 ME(E OF CERTIFIER	t: On the basis of a:	kamination as	nd/or Investigatio	n, in my opini	on, deat	th occured at the		d due to the		
3 Suicide 8 29a. CERTIFIER (Check only one) 2 MEd	E OF CERTIFIER	t: On the basis of a:	kamination as	nd/or Investigatio	n, in my opini	on, deat	th occured at the		d due to the		



S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra-	mental hygiene prior to buriat, cremators, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in physician and completely filled i	De med within 12 mous arrest ucaus with the State Dept. Of steams and

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
THE THE	1. DECEDENT'S NAME (First, Middig Linst)	Darant	Margarei	t Davis	Smith	2. DATE OF DEATH		YEAR	3. THUS OF DEATH		
	131-25-49 87	1. SEX / 1. AGE (III) 63	yrs. Jest Dirthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH	19	Counti	PLACE (State or Foreign		
TOR	Anne Arundel General Residence of December 1			Annapol	IS	EATH /	sc. cou Anne	Aru			
DIRECTOR	10a. STATE 10b. COUNTY	n Anne's		10c. CITY, TOWN OR LOCATION Stevensville					10d. INSIDE CITY LIMITS? 1 YES 2 YES		
FUNERAL	103 Touhey Drive		101	. ZIP CODE 21666	5	10g. CIT	U.S	•A.			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	S. ARMEO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		14. RACE Black Speci	E — American Indian, k, White, etc. //y: White		
COMPLETED		TON 16 Tolloge (1-4 or 5+)	(Give kind of w life. Do NOT use	USUAL OCCUPATION of done during mo	ON st of working	N.A.	P.A.		WILL CO.		
OMP	12 17. FATHER'S NAME (First, Middle, Last)		Secreta	ary	18 MOTHER'S NA	ME (First, Middle, Mail	Serv	ices			
BE C	Ira Davis					Martin	John Gurmanney				
10 8	196. INFORMANT'S NAME (Type/Print) Alfred E. Smith					Route Number, City or Stevensvi			and 21666		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State cemete	ry, crematory or oti	FDISPOSITION (Na her place)	me of Park 5		LOCATION -		wn, State aryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE WALLEN	XIIAWII	22. NAME AI	D ADDRESS OF FA Helfenbe	ein Funera	al Hom	es,			
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused the	he deeth. Do n	ot enter the mo	de of dying, suc	ch as cardiac or re	spiratory an	rest,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lung	Cana	FF					Onset and Death		
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR) AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE. (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
AL	PERFORMED? AM								. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC							1		1 YES 2 NO		
CIA		IOSPITAL:		OTHER:	ACE OF DEATH (Ch						
HYS	1 VES 2 NO 10	Inpatient 2 ☐ ER/Outpatie	28b. TIME	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE NO	W INJURY OC	CURED			
8Y P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? 'ES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		N: To the best of my knowledge on the basis of examination as) and manner se stated.		
BE	29b. SIGNATURE AND TITLE OF CENTILIER	Corder	m)	29c. LICENSE NUI	MBER					
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OEATH	1 (ITEM 27) (Type,	Print)				/	36		
	31. DATE FILED (Month, Day, Year) MAY 13 '93	32. REGISTRAPIS SIGNATURE SULLA DE	widson-Ra	ndell							



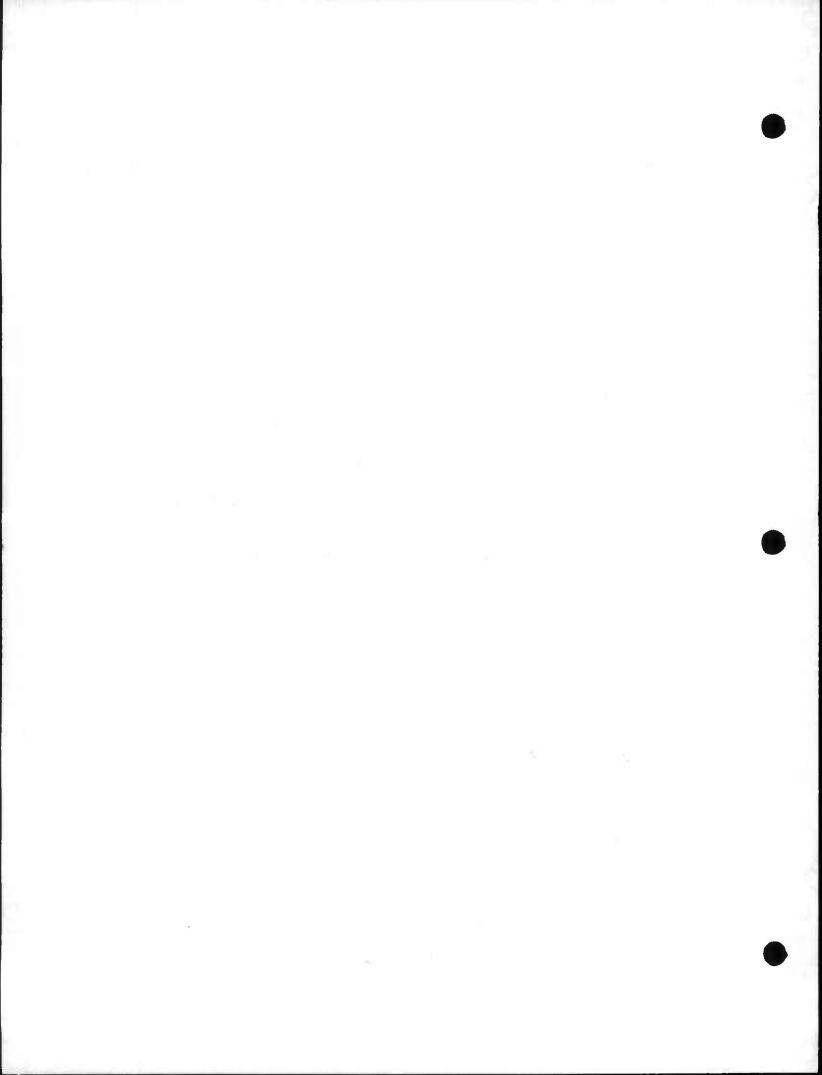
3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

James

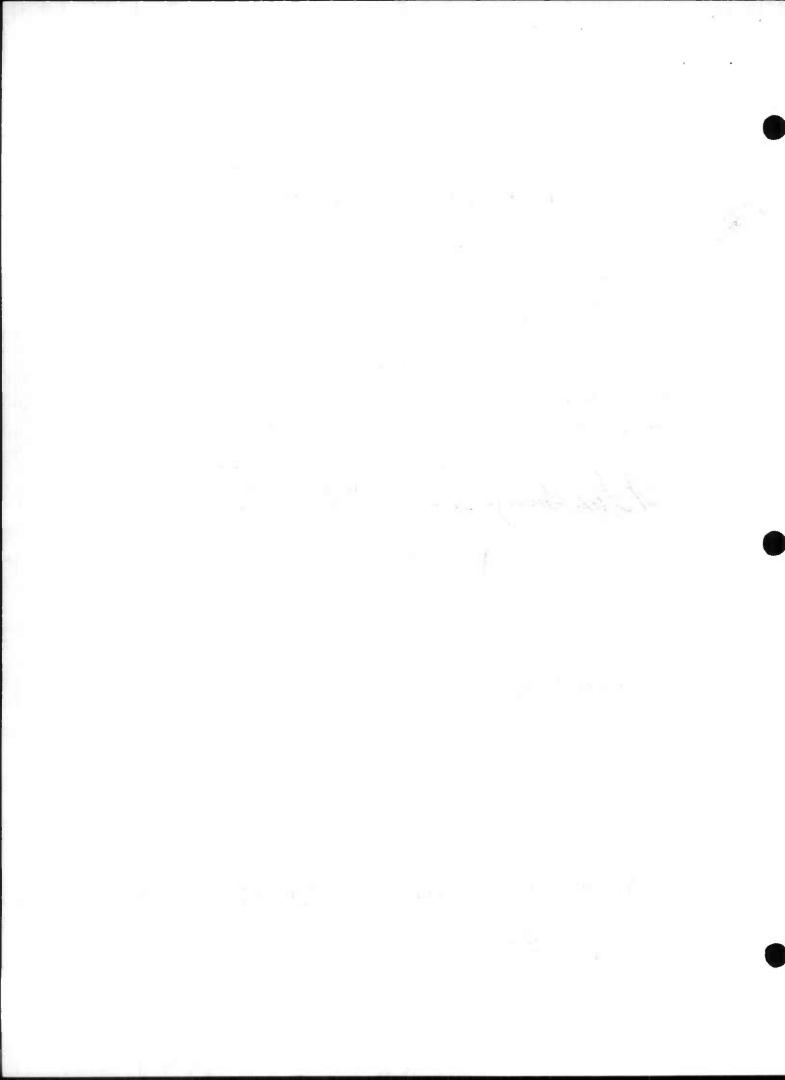
SAYLOR Daniel Saylor, Jr. 993 0716 JUNE 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) X X M 2 D F 177-34-5698 -11 - 1944Penn<u>sylvania</u> 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Dorchester Linkwood 1 TES X NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3632 Bonnie Lane 21835 US 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 □ YES X NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married XX Merried FORCES? 1 YES ZYNO В Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for 12 Truck Mechanic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Daniel James Saylor, Sr. Geneva BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Saylor 3632 Bonnie Lane Linkwood, Md. 21835 Pe 20s. METHOD OF DISPOSITION
1 D Burlel 2 Cremetion 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, Dor. Memorial Park 6-6 Cambridge, Md. 21. SIGNATURE OF FUNERAL SERVICE A ICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY the funeral Thomas Funeral Home 41 700 Locust St. Cambridge, Md. MY 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata Interval Between shock, or heart fellure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Finel** Onset and Death been signed by the attending physician and completely fille it, of Health and Mental Hygiene prior to burial, cremation. the disesse or condition Motorton Breans resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially inst committee, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TNO OF DEATH? 1 YES 2 NO certificate has be h the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED this c 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO After t 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 BE COMPLETED 6 Could not be determined DIRECTOR: / 4 Homicide If Nem 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated. FUNERAL C TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Verno 205cm 6 3 93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D SAUSKURY 02-c/D/ TRASSO 145 CARROLL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE IIIV 07 , 183



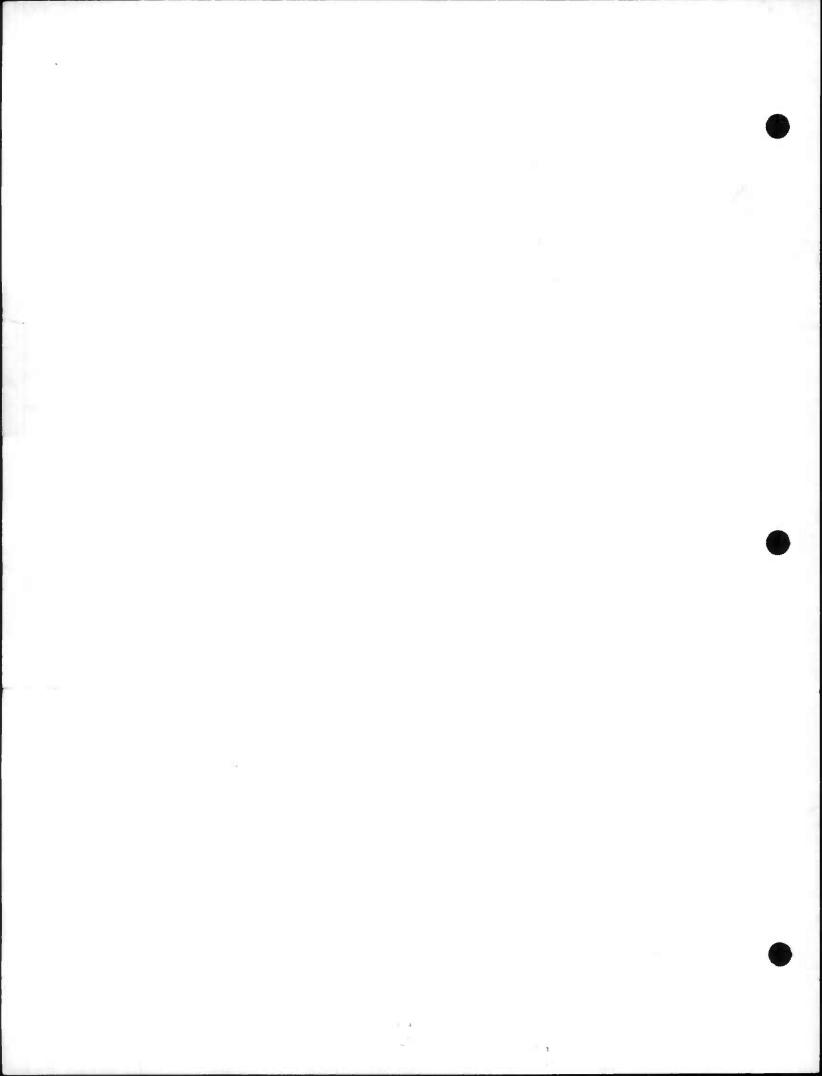
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	PITA	ERA	77	딃
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	101	10	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	울
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8

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									3. TIME OF DEATH				
	Calvin Elte	on Sm	ack, Sr.					- 1-		JUNE 6	199	YEAR 3	2141 H
:	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign
1	222-07-087		1 XM 2 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov. 1,	1914	Md	,
m	9e. FACILITY NAME (If not in						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	PENINSULA I		AL MEDICA	AL CENTE	R	SALISBURY WICOMI					ICO		
5	10e. STATE	10b. COUNT	Y		10c. CIT	IGC. CITY, TOWN OR LOCATION 16d						10d. INSIDE CITY	
	Md	Word	cester		Bei	rlin							LIMITS? 1 YES 2 NO
₹	10e. STREET AND NUMBER	172					101	. ZIP COO	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	11532 Gum	Point	Road					2181	1		USA	4	
	11. MARITAL STATUS 1 Never Married 2 X	Married	FORCES? 1	T EVER IN U.S. ARI		13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Specify Yes	or No—	14. RACE Black,	American Indian, White, etc.
B	3 Widowed 4 Divo	-	WW GIVE	MAR OR DATES			1 YES	2 X NO	Specify			Specify	White
<u>a</u>	15. DEC	EDENT'S EDU y highest grade	CATION			USUAL O				16b. KIND OF BU	SINESS/IND		
	Elementary/Secondary (0		College (1-4 or 5	- Edn	Do NOT u	work done of retired.)	during mo	st of working	ng				
COMPL	88			Elec	tric	al Co	ontr	actor	•	Electri	cal		
	17. FATHER'S NAME (First, M									ME (First, Middle, Maiden	,		
H	Elton D. S									Richardso			
유	Hilda P. S									oute Number, City or Tow Berlin,		2181	1
	20a. METHOD OF DISPOSITE 1 Decirio 2 Cremetto 4 Donatton 5 Other	n 3 🗆 Rem	oval from State	20b. PLACE A cemetery, crem	ND DATE	OF DISPOS	SITION (Na	ame of	6 /	0ATE 20c. LO		City or Tow	
	21. SIGNATURE OF FUNE		CENSEE	- Introdu	side	22.	NAME AN	ID ADDRE	SS OF FAC	CILITY			
	115	1/3	utage					ige F n, M		•	108	Willia	ams Street
	23. PART I. Enter the di	seases, or o	complications the	t caused the dec	th. Do r	not antar	tha mo	da of dy	ng, such	as cardiac or respi	ratory sn	rest,	Approximate
												Intarval Between Onset and Death	
	disease or condition a. Del Melmia												
		_	DUETO	(OR AS A CONSEO	UENCE O	F):							
CERTIFICATION	Sequentially list conditi	ions,	b DUE TO	(OR AS A CONSEO	UENCE O	F):							
S	csuse. Enter UNDERLYI CAUSE (Disease or inju	NG	C.										
듣	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEO	UENCE O	F):							
H	resolving in death) LAS		d										
1	PART II. Other significa	nt condition	s contributing to	death but not re	aulting	in tha un	dariying	g cause g	given in i	Part I. 24s, WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	un	al W	mulicu	may						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME			10	_1_									OF DEATH?
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHER		ACE DF O	EATH (Che	ck only one)			
14S	1 YES 2 NO			ER/Outpatient 3		4 🗆 Nun	sing Hom		sidence i	8 Other (Specify)			
	1 Netural 5	Pending	28e. DATE OF (Month, D		28b. TIM INJ	E OF IURY		URY AT RK? (ES 2	1 100	28d. OEŞCRIBE HOW I	NJURY OC	CURED	
BY	2 Cutotide	Investigation	28e. PLACE O	F INJURY — At hon	ne, ferm, s	street, fact			NO	28f. LOCATION (Street a	and Mumbar	or Dumi Do	uda Alumbar
TED		Could not be determined	building,	etc. (Specify)						City or Town, State)	ina mamba	or nurer no	ole Namber,
2LE	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, des	th occurr	ed at the ti	me, date	end place	and due t	to the cause(s) and mor	ner en stel	lad.	
3 Suicide 8 Could not be detarmined 26s. FLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number of Rural Route										and manner es stated.			
BE (296. SIGNATURE AND TITLE	OF CERTIFIER	011		Da	0		29c. LICE	NSE NUM	BER	29d. DAT	E SIGNEO (Month, Day, Year)
6	10	omer	uw	much	in	N		DI	538	34	•	6-6	, -93
	30. NAME AND ADDRESS OF	WEY	A. M	ENRICH	27) (Type,		101	PALL	בא	ST. S.	ALIC	BILO	y md-
	31. DATE FILED (Month, Day,	Year)		R'S SIGNATURE		1 (UVVI	-17	JI. 3	/7W-	JUUK	1.100
	JUN 14 19	33	A Sugar	and facility of	7								



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) FRED	LEROY			SMITH,Sr	2. DATE OF DEATH			3. TIME OF DEATH 2:00 P. M	
	4. SOCIAL SECURITY NUMBER 217-28-5022	1 🔀 M 2 🗆 F	yrs. lest birthdey) 61 YRS.	IF UNDER 1 YE MONTHS DA	'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/14/31	8. BIRTHPLACE (State or Foreign Country) Maryland			
TOR	9a. FACILITY NAME (If not institution, give s 50 SUMITT AVE RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF DEATH HAGERSTOWN					9c. COUN WAS		eath GTON	
DIRECTOR	10e. STATE 10b. COUNTY	ington		y, town or Lo	CATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10%. STREET AND NUMBER 25 South Stre				101. ZIP CODE 21750		10g. CITIZ	EN OF W	HAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 🖄 YES IF YES, GIVE WAR OR DATE KOrea	2 NO	If you				14. RACE Black Specif	- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during	ATION most of working	18b. KIND OF BU	SINESS/IND	USTRY	DIGCK	
COMP	12 17. FATHER'S NAME (First, Middle, Last)	2	Labor		18. MOTHER'S NAI	Const		ion		
TO BE	James Smith 19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		Code)		
	Margaret Smith 20e, METHOD OF DISPOSITION 1 1 A Burlal 2 Cremation 3 C Rem	oval from Stateceme	PLACEANDDATEC	DE DISPOSITION	I /Nama of	OATE 20c. LO	CATION C	City or To	wn, State	
	1 X Burial 2 Cremation 3 Removal from State Cermetory or other place St. Peters Catholic Cem. 06/02/93 Hancock, Md.									
	IMMEDIATE CAUSE (Final	a. ARTERIOSCLEROT DUE TO (OR AS A	ch line.	ASCULAR	mode of dying, aucl	haa cerdlac or respi	ratory arre	est,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death bu	it not resulting I	in the underl	Part I. 24a. WAS AN PERFOR	PRMED? AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Che					
Y PHY	1									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, street, factory, office 28f, LOCATION (Street					and Number or Rural Route Number,		
COMPLETED		CIAN: To the best of my knowle							end menner en stated	
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	Dright M	instion end/or investigation, in my opinion, death occured at the time, date and pla 29c. LICENSE NUMBER O. C. M. E.					29d. DATE SIGNED (Month, Day, Year) 5-30-1993		
	DONALD G WRIG					altimore				
	JUN 1 1993	12. REGIST PARTS SIGNA	TURE							



hours after de

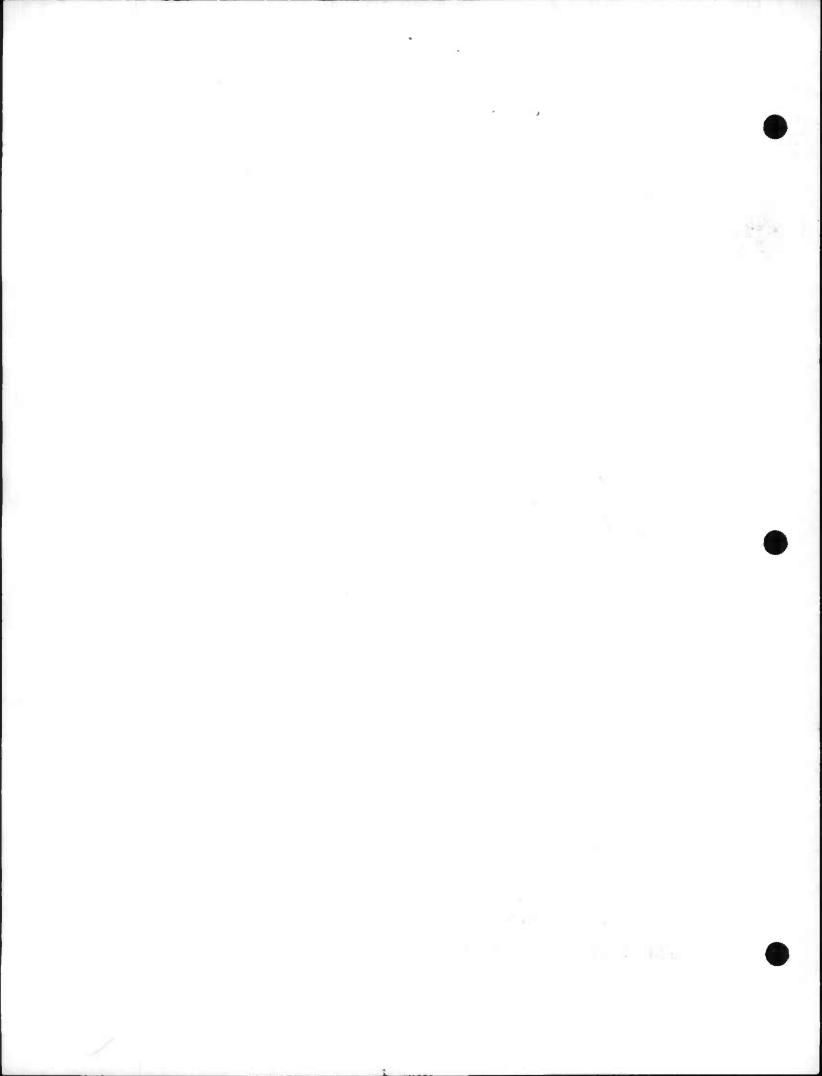
TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 PM IMPORTANT: If IN HOSPITAL

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTHJune 2, 1993 Ovid Kenneth Simmons, Sr. 8:19pm 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)

MONTHS DAYS HOURS MIN. Aug. 11, 1931 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign 1 X M 2 | F 203-24-8645 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore TY YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1904 Wilkens Ave. 21023 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Bleck, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Heavy Equipment Operator Excavating 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Ovid H. Simmons Verna B. Caudill BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Ovid K. Simmons, Jr. R.R. #1, BOx 34, Seven Valleys, PA 17360 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of June 7, 20c. LOCATION — City or Town, State 1 (ABuriel 2 Cremation 3 () Re 4 Donation 6 Other (Section) West Liberty Cemetery White Hall, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, 1 24 Second St., New Freedom, PA INc. 17349 arlens 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition Possible Cardiac arrythmias resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Carcinoma of the Oropharynax Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): rasulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
15 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide ETED. a Could not be 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFEIR
(Check only one)

1 XERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piecs, and dus to the cause(e) and menner as stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(e) end menner as stated. COMPLI 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Carlos R n/a 6/2/93 CESAL -D 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Carlos Cesar, M.D. c/o Maryland General Hospital 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 11 1993



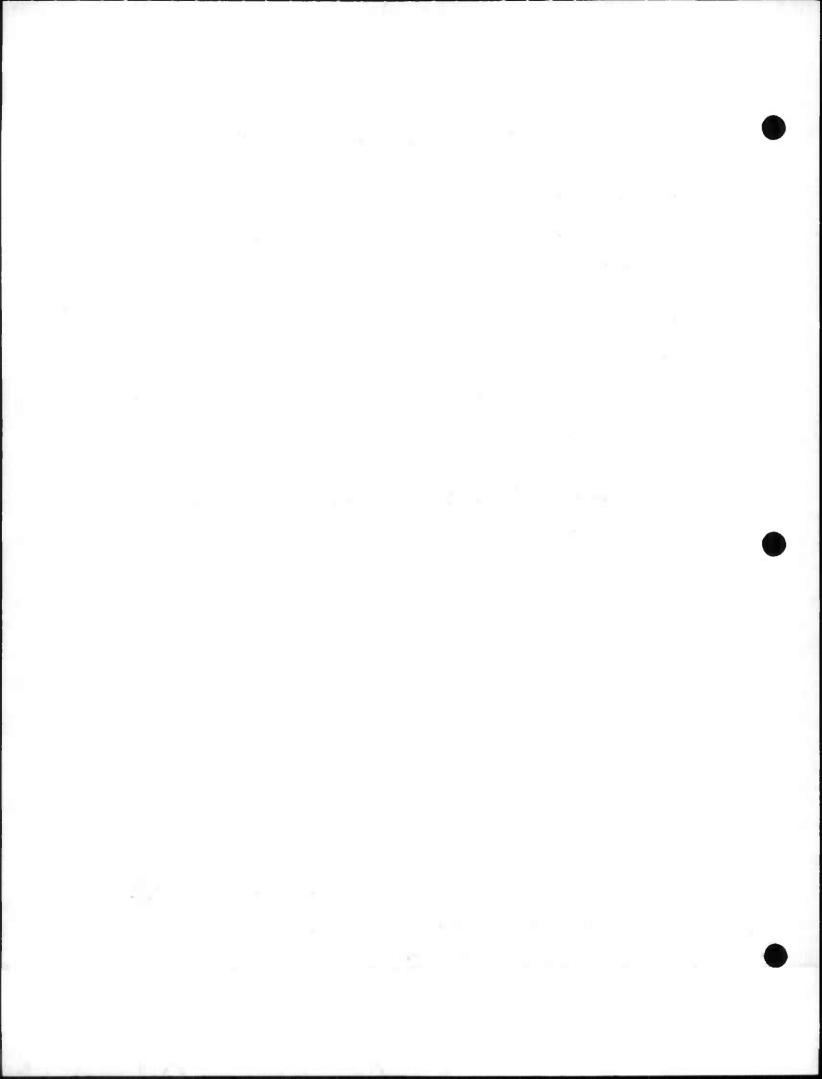
	1 - STATE REGISTRAR	STATE OF M	ARYLAND / CE				EALTH DEAT		MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) MINNIE ESTEI	LE SAPU	LOS		B	450	MAKE			TE OF DEATH	7/	993	3. TIME OF DEATH /310 M	
	4. SOCIAL SECURITY NUMBER 217-44-1919	5. SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF SHOE	DAYS	IF UNDER	MIN.	(Mo	E OF BIRTH with, Day, Year) -10-19		6. BIRTHPI Country)	LACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give st PENINSULA REGIONA		L CENTER		í		BURY	N OF DE			9c. COL	COMIC	ATH	
DIRECTOR	100. STATE 100. COUNTY Maryland Dor	chester		10c. CITY, TOWN OR LOCATION Cambridge								1	IOd. INSIDE CITY LIMITS?	
AL D	10e. STREET AND NUMBER 313 Cedar			101. ZIP CODE 10g.							10g. CIT	1 ¥ YES 2 □ NO		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	EVER IN U.S. ARM	#ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14, it yes, specify Cuben, Maxican, Puerto Rican, etc.)						US 14. RACE -	A American Indian, White, atc.				
B₹	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES			1 - YES	5 X NO				Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 6 Years	College (1-4 or 5+)	(Giv	ne kind of a Do NOT us	usual or work done to retired.)	during mo	IN st of working	7	11	66. KIND OF BUS	INESS/IN	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Thomas How	ard Ben						Ma	tti	. Middle, Maiden s e Mae	Mar		1	
5	John D. Sapu	ılos	19b.	313	Ced	ar :	nd Number o	cr Aural A	bri	mber, City or Town	, State, Zi 1d .	2161	3	
	20s. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	20b. PLACE AN cemetery, crem Sewal	natory or o	of DISPOS ther place)	den	me of Cem		1			City or Town	V. Tarabara		
	A Donation 5 Other (Specify) Seward-Spedden Cem. 6-2 Hudson, Ma 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Thomas Funeral Home 700 Locust St. Cambridge, M													
	23. PART i. Enter the diseeses, or c shock, or heart failure. I	omplications that List only one caus	caused the dea	ith. Do r	not enter	tha mo	de of dyin	g, such	as ca	rdiac or reapir	etory ar	rest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	UENCE OF	NR Fi								Onset and Death			
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. CDC NS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											425		
CERTIFICATION														
CAL	PART II. Other significent condition	a contributing to d	leeth but not re	aulting i	in the un	derlying	ceuse gi	ven in I	Part i.	24a. WAS AN A PERFORM		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
PHYSICIAN: MEDI										1 TYES 2	NO NO	٥	F DEATH?	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	1 :	ACE OF OE							
	27. MANNER OF OEATH	28a. DATE OF II (Month, Day	NJURY	26b, TIM	-	28c. INJI WO	JRY AT		_	ner (Specify) ESCRIBE HOW IN	JURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF building, a	26s. PLACE OF INJURY — At home, term, a building, atc. (Specify)				ES 2 []	NO	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINEI												and menner as stated.	
R	296. SIGNATURE AND TITLE OF CERTIFIER						29c LICEN						Aonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	0	OF DEATH (ITEM	27) (Type,	Print)	176) L V		<u> </u>	d 11	20	1	-	
	JUN 0 2 '93	32. REGISTRAR	'S SIGNATURE	delle	-7.1	. — 3	_	}	, 0 '	5 61	4 0	1		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page 16 within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

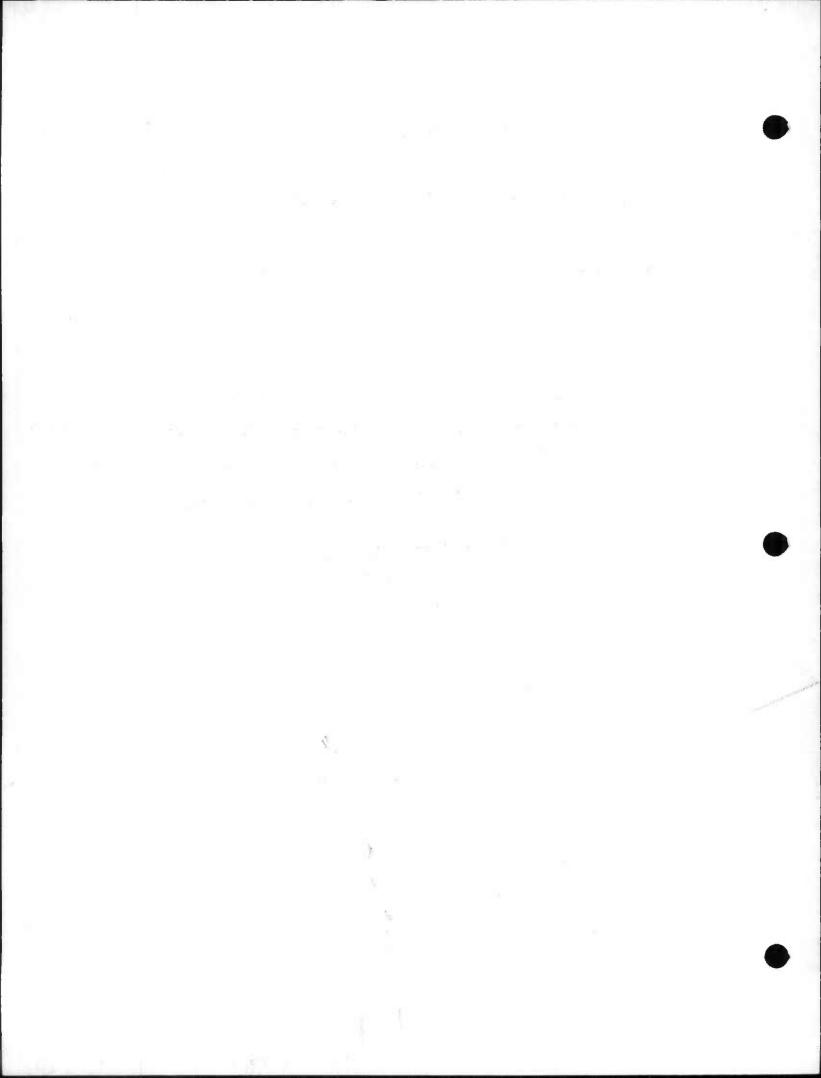


	1 - STATE REGISTRAR	SIMIE OF I	MARTLAND /		ICAT	E OF	DEAT	ANU I Ch	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last	Georg	e Sese						2. DATE OF DEATH MONTH	<u>9</u> 7-1	993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (in yrs. last		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Countr	IPLACE (State or Foreign
	214-58-3634 9a. FACILITY NAME (If not institution, give	XXM 2 D F	73	YRS.	17.	100			04-22-1		Ma	aryland
DIRECTOR	Shady Grove RESIDENCE OF DECEDENT	Adventi Adventi	st Hos	96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE MONTG								
1 2	10e. STATE / 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
		Montgome	ry		Roc	kvi]	lle				_	LIMITS? 1 EVES 2 NO
14 A	10e. STREET AND NUMBER	2				101	. ZIP COD			10g. CIT		VHAT COUNTRY?
FUNERAL	227 Frederick	T EVER IN U.S. ARI		1 40			085			S.A.		
BY	XXNever Married 2 Married 3 Wildowed 4 Divorced	YES 2 NAR OR DATES	MED IO	13.	If yes, sp	ENDENT Concept Control	n, Mexica	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	e or No—	14. RACE Black Speci	E — American Indian, k, White, etc.	
윤	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(GA	ve kind of	work done	CCUPATIO	ON st of working	ng	16b, KIND OF B	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	ne retired.)	rkei						
Ö	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Meide			
BE	Richard Sewell		1 400				L		sie Dime			
5	Richard Sewell	. Jr. (Route Number, City or To			MD 20850
	20e. METHOD OF DISPOSITION 1 3 Burlel 2 Cremation 3 Ref		20b. PLACE A	NDDATE	OF DISPOS	SITION (Na	me of		DATE 20c I	OCATION -		
1	1 Debuted 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) The signature of Function 1 Cremation 2 Removal from State Complete, Cremation of the place Lincoln Park Cemetery 6/2 Rockville, MD											
	21. SIGNATURE DE FUNERAL SERVICE L	ICENSER /	as und	h.	22.	NAME AN	D ADDRE	SS OF FAC		ME	Dλ	
	- Souge	K.M	nouva	su	4	ROCE	KVIL	LE,	MD 208	50		•
	23. PART I. Enter the dispases, or shock, or heart fellure	complications that. List only one cau	it caused the deause on each line.	eth. Do i	not antai	the mo	da of dyl	ng, suci	n aa cardiac or rea	oiratory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure Onset and Death Onset and Death											
z	OUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure Congestive Heart Failure											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AICO	nolism	UENCE O	F):							
J.	cause. Enter UNDERLYING CAUSE (Diseese or Injury	c 011	(OR AS A CONSEO	3 00								
F	that initiated events resulting in death) LAST	4	(0), 10 1 0011020	OLIVEE O	,,.							İ
	PART II. Other algniticant condition	o.	dooth but au						T			
ICAL	CA CONIC	Rena	0 11	"/		nderlylng	causa (iven in	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Digonie	7-04	70	Mu	1				1 YES	2 200		OF DEATH?
N.		10:							_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)			
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nur	aing Hom		sidence	6 Other (Specify)	_		
	27. MANNER OF DEATH 1 Matural 5 Panding	28e. DATE OF (Month, D	lay, Year)	28b. TIM INJ	E OF URY		RK?		28d. DESCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At hon	ne, term, i	street, fac		ES 2	NO	28t. LOCATION (Street	and Numbe	or Rumi E	Irristo Alismbar
COMPLETED	4 Homicide	building,	atc. (Specify)			,			City or Town, Stete)	O NORTH	oute Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, dea	th occum	ed at the t	ime, date	end place,	end due	to the cause(s) end me	nner as ata	ted.	
MO	OTH) 2 MEDICAL EXAMIN	ER: On the basis of e	xamination and/or in	rvestigatio	n, In my o	opinion, de	eath occur	ed at the	time, date end place, e	nd due to ti	he ceuse(s) and menner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	2/6	/				29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
TO B	30 HARRI 1310 100-	00						135	103	•	5/2	27/53
	Stephen on	CCARLS	SE OF DEATH (ITEM	24	Print)	mh	rose	P	el la	ch:	1/20	4020852
	31. DATE FILES (Month, Day, Year)	32. REGISTRA	IR'S SIGNATURE		700		-00		FO			
	HIN 02 1002	Julia K	ila Bro	1.00								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit part be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

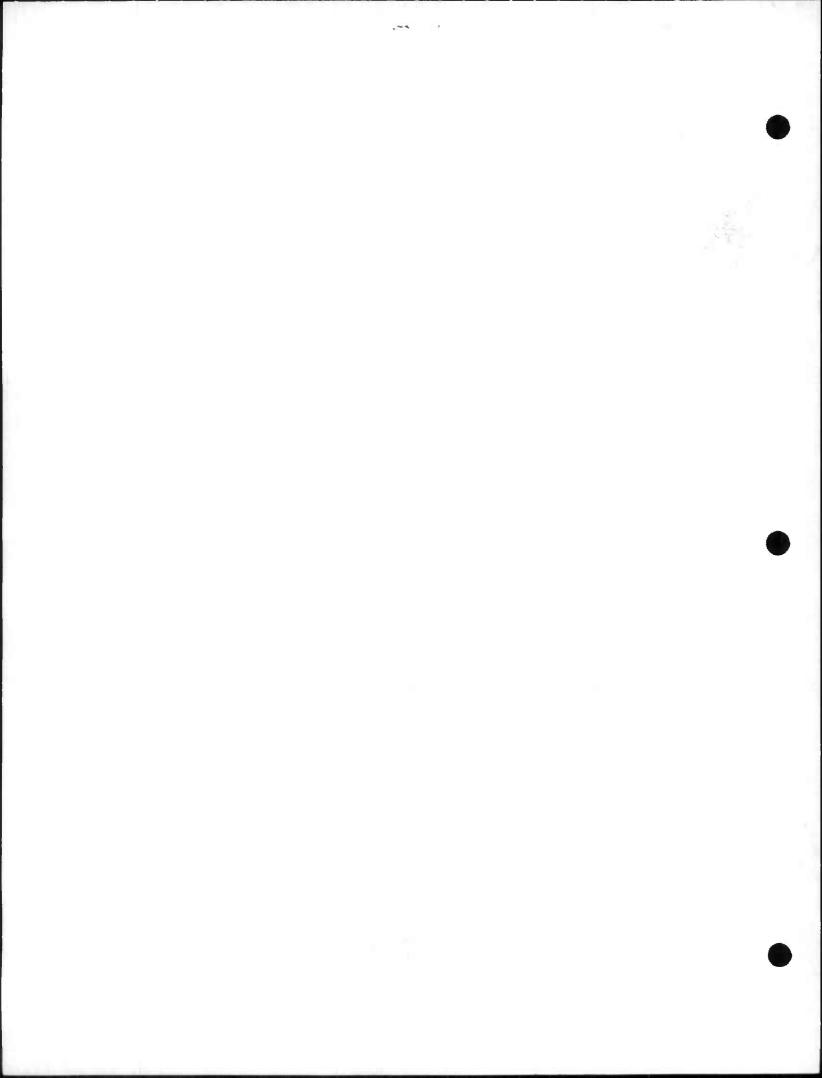
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,							DLA		2. DATE OF DEATH		3. TIME OF DEATH			
	Les		M. The	ayer						6 6	**	93 6 00 M			
	4. SOCIAL SECURITY NUMBER 217-12-360		5. SEX	6. AGE (In yrs. las	MONTHS CAN			IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)			
			1 🗌 M 2 🕮 F	79	YRS.	alon ins	UNITS	HOURS		11-23-1	3	Md			
l "	9a. FACILITY NAME (If not in							OR LOCATI		ATH		TY OF DEATH			
DIRECTOR	Westminst		rsing			Wes	tmi	nst	er		C.	arroll			
E C	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION				10d. INSIDE CITY			
8	Md	Car	roll		W	estn	nins	ster				UMITS?			
AL.	10e. STREET AND NUMBER		- 10 (2		10f. ZIP CODE						10g. CITIZI	EN OF WHAT COUNTRY?			
FUNERAL	414 Bal	dwin						21	157			USA			
BY	11. MARITAL STATUS 1 Never Married 2 3 SWidowed 4 Divo	IT EVER IN U.S. AR YES 2 24 WAR OR DATES	MED NO		If yes, sp		n, Mexica	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 1	IA. RACE — American Indian, Black, Whits, etc. Specify: White					
8		EDENT'S EDUC y highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BUS	SINESS/INDU	STRY			
4	Elementary/Secondary (0		College (1-4 or 5	+) ///0.	Do NOT u	work done se retired.)	during mo	ost of working	ng						
COMPLET			4	Nu	Ese					Nursi	ng				
8	17. FATHER'S NAME (First, M			77 7						ME (First, Middle, Maiden					
H			ton St		'owl				-	Louise V					
5	190. INFORMANT'S NAME (T Donald Th	ayer		3	629	Sha	s (Street i	Bro	or Rural F	Poute Number City or Town	n, Stere, Zip Code) rd, Texas 76021				
	20a. METHOD OF DISPOSITI 1 ☑ Suriel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo	val from State	20b. PLACE A	Tian	OF DISPOS	MOT	ial		DATE 20c. LOCATION — City or Town, State 6/10 Baltimore, Md					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	12.6	Chi	the	1.			PRI	TTS	F.H estm	1. 412 inster,	Wash: Md	ington Rd. 21157			
CERTIFICATION	23. PART I. Enter the diseasea, or complications, that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of Conset and Death of Cause of C														
S	PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
N: MEDICAL	PART II. Other algnifice	eaulting	In the ur	nderlyln	g cause (given in I	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ock only one)					
YSI	1 TES 2 NO		1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		a 5 🗆 Ra	sidence	6 Dther (Specify)					
ву Рн		Pending Investigation	28a. DATE OF (Month, D		26b. TIM	E OF JURY M		URY AT PRK? YES 2] NO	28d. DESCRIBE HOW I	JURY OCCU	RED			
9	3 Suicide 6	Could not be detarmined	28e. PLACE O building,	F INJURY — At hosetc. (Specify)	me, ferm, i	street, fect	tory, offic	•		28f. LOCATION (Street a City or Town, State)	nd Number or	r Rural Route Number,			
COMPLET										to the cause(s) and man		l. ceuse(s) and manner as stated.			
BE		Daniello .	1100	DDix	2				NSE NUM			SIONED (Month, Day, Year)			
2	38. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM	27) (Type,	Print)	, AA	10	912	WASI	ine	TUNDO			
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE	VI	11	M	D	W	= 2 1 WIU	15	SIIC-			
	JUN 8	'93	grobia	Maridan	planda							2115)			

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REC	he law requires that the death certificat
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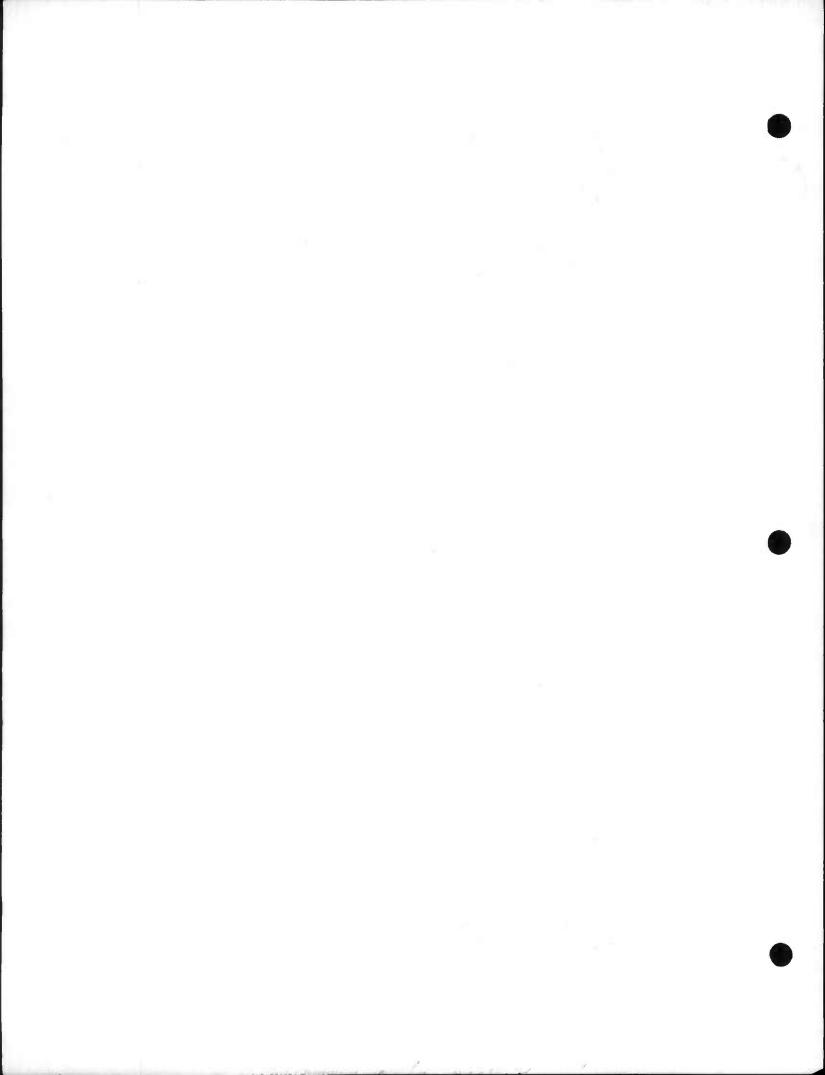
	TIEGIOTITATI		CI		ICATE	UF	DEA	I II		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH		ANDR	EW		TH	OMAS		2. DATE O	29,	1993	YEAR	3. TIME OF DEATH 5:36 A	
	4. SOCIAL SECURITY NUMBER 214-34-4470	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	F BIRTH Day, Year) [L 29,	,1919	6. BIRTI	PLACE (State or Foreign YLAND	
CTOR	99. FACILITY NAME (If not institution, give si PHYSICIANS MEMOR	treet and number) RIAL HOSP	PITAL				b. CITY, TOWN OR LOCATION OF DE LA PLATA				Sc. COL	RLES		
5	RESIDENCE OF DECEDENT													
DIRE	MARYLAND CHA	RLES		10c. CITY, TOWN OR LOCATION WICOMICO									10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
ERAL	100. STREET AND NUMBER 12275 CAMPBELL RO					20622				10g. CITIZEN OF WHAT COUNTRY? UNITED STATES				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	YES 2 X NO			ENDENT Cooling Cubs	п, Mexicar	an, Puerto Rican, atc.)			Blaci	14. RACE — American Indian, Black, White, etc. Specify: BLACK	
	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL O	CUPATIO	ON.		165	KIND OF BUS	IMEGE/IM	DUSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 6TH GRADE	completed) College (1-4 or 5 -	(G.	Do NOT us	work done one retired.)	during mo	st of workin	79	160.1	FARMI		DOSTRY		
Σ	17. FATHER'S NAME (First, Middle, Last)	2102123		23.0.123			_							
BE CC	LOUIS ALFRED THOM	AS					MAR	Y LO	UISE	MARSI	IALL		IAS	
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY C. THOMAS ROUTE #1 BOX 246 CHARLOTTE HALL, MARYLAN													
-	MARY C. THOMAS		RC	UTE	#1 B	OX 2	246 C	HARL	OTTE	HALL:	MAF	RYLAN	D 20622	
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of ST. MARY SCHMETERY 6/2/93 NEWPORT, MARY SCHMETERY 6/2/93 NEWPORT, MARY SCHMETERY													
Ü	21 SIGNATURE OF FUNERAL SERVICE LIC	JOHNSON	chrow	_			ON t S			HOME	, PON	10NK Ę	Y, MARYLAND	
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CANCER OF LUNG OUE TO (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):													
EDICAL CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
ਹ	DART II Other should not a second													
Σ	PART II. Other algorificent conditions CERED PNEYM	BRO VI	ASCU	esulting I	AR					PERFOR				
5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF O	EATN (Che	ck only one)					
PHYSICIAN:	1 Tes 2 No	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 □ Re	sidence 1	B 🗆 Other (Specify1				
ž I	27. MANNER OF DEATN	28a. DATE OF	INJURY	28b. TIMI	E OF	26c. INJI	URY AT			RIBE NOW II	NJURY OC	CURED		
ВУР	1 Netural 5 Pending	(Month, O	ay, Year)	INJ	URY		RK7 'ES 2	NO	ACCOUNT OF THE					
	2 Accident Investigation 3 Suicide 6 Could not be determined	F INJURY — Al horetc. (Specify)	JURY — Al home, larm, street, factory office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER												and manner on stated	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		11	las				INSE NUM					(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WING	- /1		1 27) (Type,	Print)			00	00		-	J	0-1-75	
	31. DATE FILED (MUN 00 YOU '93	32. REGISTRA	A'S SIGNATURE	Rand	LE									



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	NOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		HYGIENE 9	3 17455									
	1. DECEDENT'S NAME (First, Middle, Last) EERGE L 3 TASCHER	2. DATE O	DAY	3. TIME OF DEATH									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 1 F UNDER	MIN. (Month,	F BIRTH 8 Day, Year)	BIRTHPLACE (State or Foreign Country) Illinois									
TOR	98. FACILITY NAME (If not institution, give street and number) 95. CITY, TOWN OR LOCATION College		9c, COUNT	Y OF DEATH									
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION PRINCE GEORG'S COllege P	0 115		10d. INSIDE CITY LIMITS? 1 YES 2 NO									
AL	100. STREET AND NUMBER 101. ZIP CODE 8716 37 Havenue	2740	1.5	N OF WHAT COUNTRY?									
BY FUNER	11. MARITAL STATUS 1	n, Mexican, Puerto Ri	(Specify Yes or No- 14	8. RACE — American Indian, Black, White, atc. Specify:									
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working title. Do NOT use retired.)	g 16b. I	KIND OF BUSINESS/INDUS										
COMPL			J.S. Govt.										
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of the Company of th			ode)									
	John M. Tascher 20e. METHOD OF DISPOSITION TO Burial 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) The program of the property of the place) The program of the place of the property of the place of	OATE	20c. LOCATION — Cit	y or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRES DONALD V.	Borgward	-93 Morris It Funeral i	Home lle, md. 2070									
	23. PART i. Enter the disease, or complications that ceused the death. Do not enter the mode of dying shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)			Interval Between Onset and Dead									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. And ac any lung to mit and out to (or as a consequence or): DUE TO (or as a consequence or): DUE TO (or as a consequence or): DUE TO (or as a consequence or): DUE TO (or as a consequence or):												
MEDICAL C	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause gi		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
CIAN	HOSPITAL: OTHER	EATH (Check only one)	la .										
/ PHYSI	1	28d. OESC	(Specify) RIBE NOW INJURY OCCUR	REO									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined Suicide 8 Could not be determined Investigation Inves	28i, LOCAT	TION (Street and Number or Town, State)	Rural Route Number,									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and the course of the course of examination and/or investigation, in my opinion, death occur												
BE	20h DICALATURE AND TITLE OF OFFICIAL	NSE NUMBER		IGNED (Month, Day, Year)									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL A. DEVORENCE (M.) 4203 (D. 1000) Shure. R	es the	ttsville "	4/ 20221									
	31. DATE FILED (Month, Day, Mar) 32. REGISTRADIS SIGNATURE JUN 02 1993 32. REGISTRADIS SIGNATURE AUTHORITICAL SUMMA DEVIDENCE AUTHORITICAL STATEMENT OF THE STATEMENT OF TH	4 .177	DISTILL	-0 -0.01									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPAR CERTIF									
1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	CATE	JF DEA	in .	REG. NO.					
	a morn	7.0				2. DATE OF DEATH DAY		YEAR	3. TIME OF DEATH		
MILDRED 4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER		MAY 2	9, 1	993	11 EUU M. M		
546-36-2920		2 YRS.		YS HOURS	arm.	(Month, Day, Year)		Count			
9a. FACILITY NAME (If not institution, give			AL CITY TO	WN OR LOCATI			900	LND	IANA		
	JRE WORLD BLV	770									
RESIDENCE OF DECEDENT	NE MOKED BEA	<i>'D</i> .	51	LVER S	PKIN	G	MO	NTGO	MERY		
10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY		
MARYLAND MON	NTGOMERY	SI	LVER	SPRING					LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER				101. ZIP COD	E		10g. CITI	ZEN OF V	VHAT COUNTRY?		
3203 S. LEISURE	E WORLD BOULE	EVARD			2090	6		USA			
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED				C ORIGIN? (Specify Yes	or No-	14. RACE	— Americen Indien, k, White, atc.		
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		s, specify Cubs YES 2 😿 NO		, Puerlo Rican, atc.)		Speci			
21				11			!		WHITE		
15. OECEDENT'S EOU (Specify only highest grad	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done durin	PATION g most of workin	ng	16b. KIND OF BUSI	NESS/INC	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	1111				NA ET ONA					
17. FATHER'S NAME (First, Middle, Last)		SECRETA	KI		_			NCER	INSTITUTE		
NILE	CHAIT					IE (First, Middle, Maiden S					
190. INFORMANT'S NAME (Type/Print)	SHAW	The second section		MYR			ITH				
	ISEND					oute Number, City or Town,					
20a, METHOO OF DISPOSITION					TRCL	E, SILVER					
1 XBurisi 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State CO	b. PLACE ANO DATE Of metery, crematory or of	her placel				ATION —				
21. SIGNATURE, OF FUNERAL SERVICE LI	CENSEE	RLINGION		NAL CE		RY 6/4 ARL	INGT	ON,	VA		
1. 1.	QI Can	0 . 00	FRAN	CIS J.	COL	LINS FUNER	AL H	OME,	INC.		
umoting	G. Camp	velle	500	UNIVER	SITY	BLVD., W.	, SI	L. S	P., MD 20901		
23. PART I. Enter the disesses, or shock, or heart fellure.	complications that cause List only one cause on a	d the death. Do n	ot anter the	moda of dyl	ng, such	as cardiec or respire	atory arr	est,	Approximate		
IMMEDIATE CAUSE (Finel disease or condition											
resulting in death)	· al	dieres	nera	lery	10	uture					
	DUE TO (OR AS	A CONSEQUENCE OF	1	ر	11		1	_ (
Sequentially list conditions,	b. KQCU	A CONSEQUENCE OF	<u> </u>	relie) VC	((Cuxou		CUQ	our-		
if sny, lesding to immediate cause. Enter UNDERLYING	Arton	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· Do		01.10	DIVILGORAL	7.6	100			
CAUSE (Disesse or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	10 1 CC		and	a comment		Der	201e		
resulting in death) LAST											
	0.										
PART II. Other significant condition		but not reaulting i	n the under	lying ceuse g	given in F	Part I. 24s, WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Sely	Makon					1 _ YES 25	~		COMPLETION OF CAUSE OF DEATH?		
teyp	Mension					_ '		1	1 - YES 2 5 NO		
	-								,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF O	EATH (Chec	ck only one)					
1 YES 2 NO	1 Inpatient 2 ER/Out		4 Nursing		sidence 6	Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJ	URY	NJURY AT WORK?		28d. DEŞCRIBE HOW IN	JURY OCC	CURED			
2 Accident Investigation				YES 2	NO						
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — Al home, ferm, s icity)	treet, factory,	office		28f. LOCATION (Street an City or Town, State)	d Number	or Rural F	Route Number,		
(Check only 1 CHRITIFYING PHYS	ICIAN: To the best of my know										
		on and/or investigation	n, In my opinio	on, death occur	ed at the i	ime, date and place, and	due to th	e ceuse/s	and the second second		
one) 2 MEDICAL EXAMINE	ER: On the bests of examination					2. 1 - 2. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			end menner es stated.		
2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF THEFE		1 4		-	ENSE NUMI				(Month, Day, Year)		
29b. SIGNATURE AND TITLE OF BLATTIFIE	e N	1.8		-							
29b. SIGNATURE AND TITLE OF BLATTIFIE		1.8	Prince f U.S.	-							
29b. SIGNATURE AND TITLE OF BLATTIFIE	e N	1.8	File S	-							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

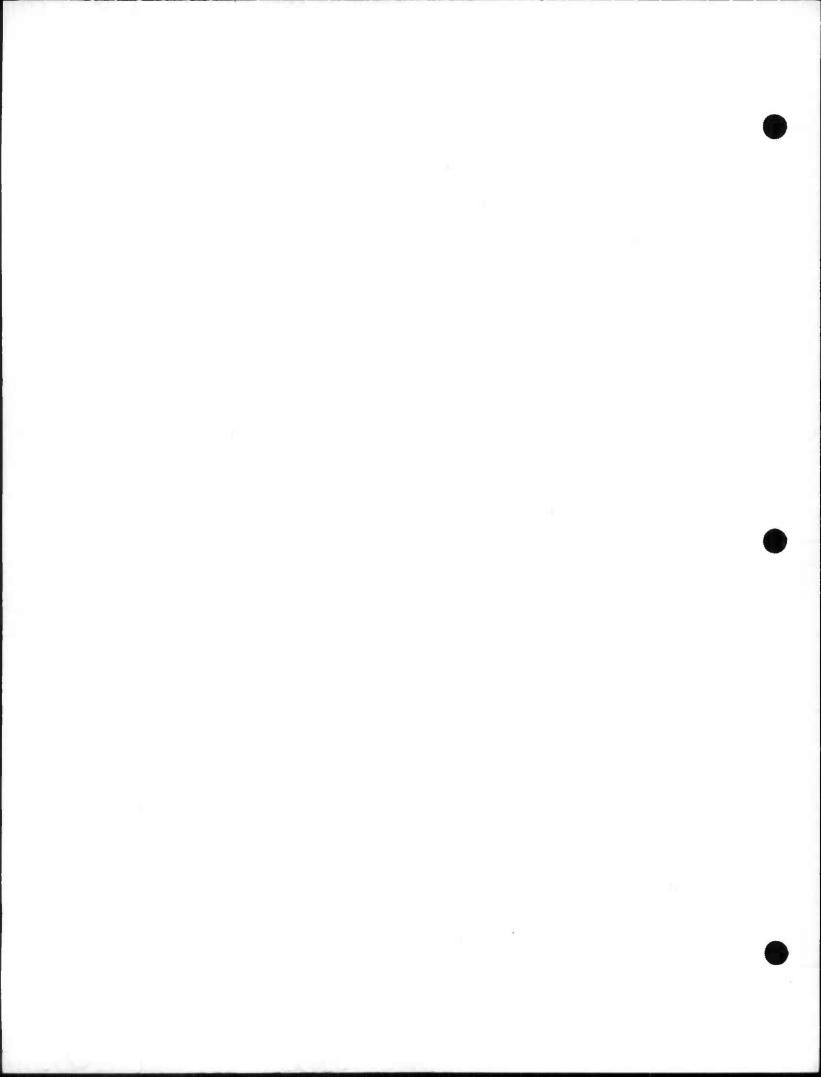
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR



Pages 1, 2, 3 should

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DIVISION OF VITAL	PHYSICIAN: 1
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IMPORTANT:

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1 - FOR STATE REGISTRAR 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ef 1:38 A Q 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday, E-UNDER 1 YEAR IF UNDER 7. DATE OF BIRTH (Month, Day, Year 24 HRS. 8. BIRTHPLACE (State or Foreign THE Day, Year, 1 1 M 2 F 5 noll Mar 9a. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION DF BEATH 9c. COUNTY OF OEATH DIRECTOR 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION D.C. None Washington D.C. 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 109 16th. St. S.E. U.S.A. 20003 this certificate has been signed by the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans with the State Dept. or I Health and Mental Hygiene prior to burial, cremation, or removal. 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 € NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuben, Mexican, Puerto Rican, etc.)

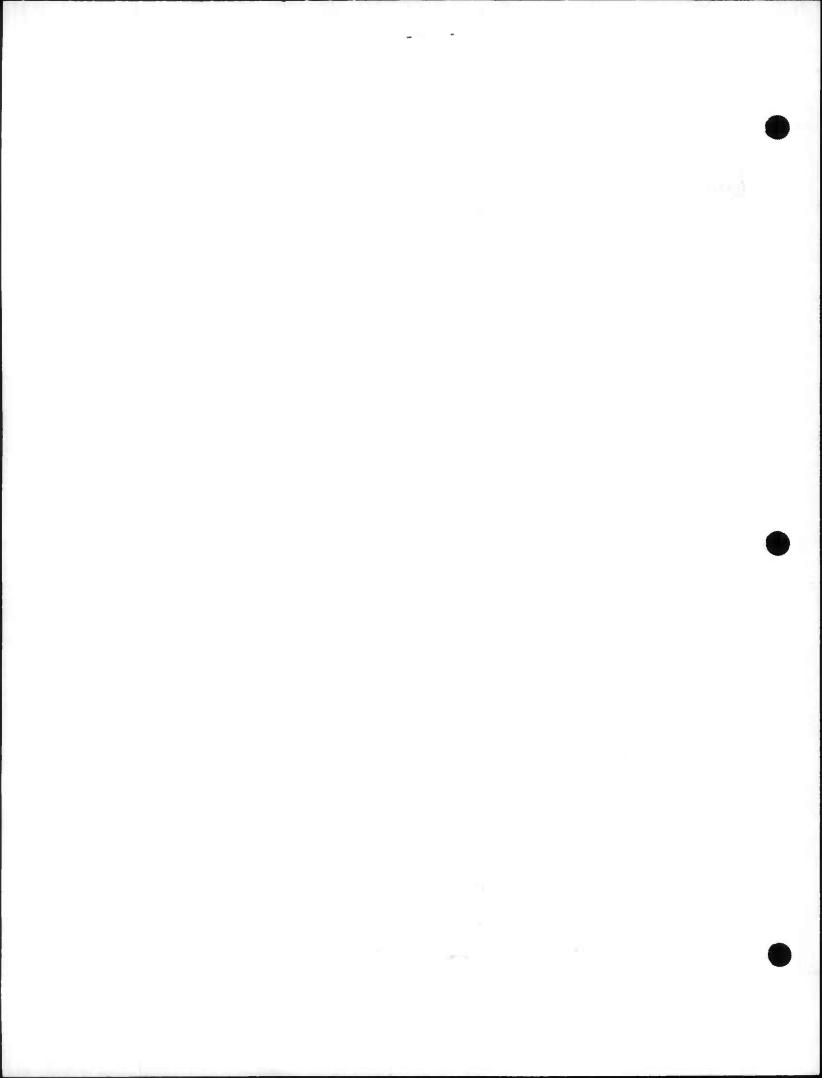
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 0 None N/A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 76 Luther Thompson BE -Jeffries Cheryl notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cheryl Thompson 16th., St, S.E. Washington D.C. 20003 pe 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must "Crematory 4 ☐ Donation 5 ☐ Other (Specify) Chambers 6/4 Riverdale, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc. rerinters 5801 Cleveland Ave. Riverdale, Md. 20737 medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heert failure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) the Immaturity disease or condition resulting in death) 2 hour event, OUE TO (OR AS A CONSEDUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DE): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEDUENCE DF): that initiated events resulting in death) LAST 6 Injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 1 TYES 2 ND PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item EXAMINER? HOSPITAL: atlent 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNEB-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 1 YES 2 NO BY After t death 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 89 6 Could not be determined DIRECTOR: / COMPLETED 28 4 Homicide item FUNERAL I =

BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Part or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pa be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

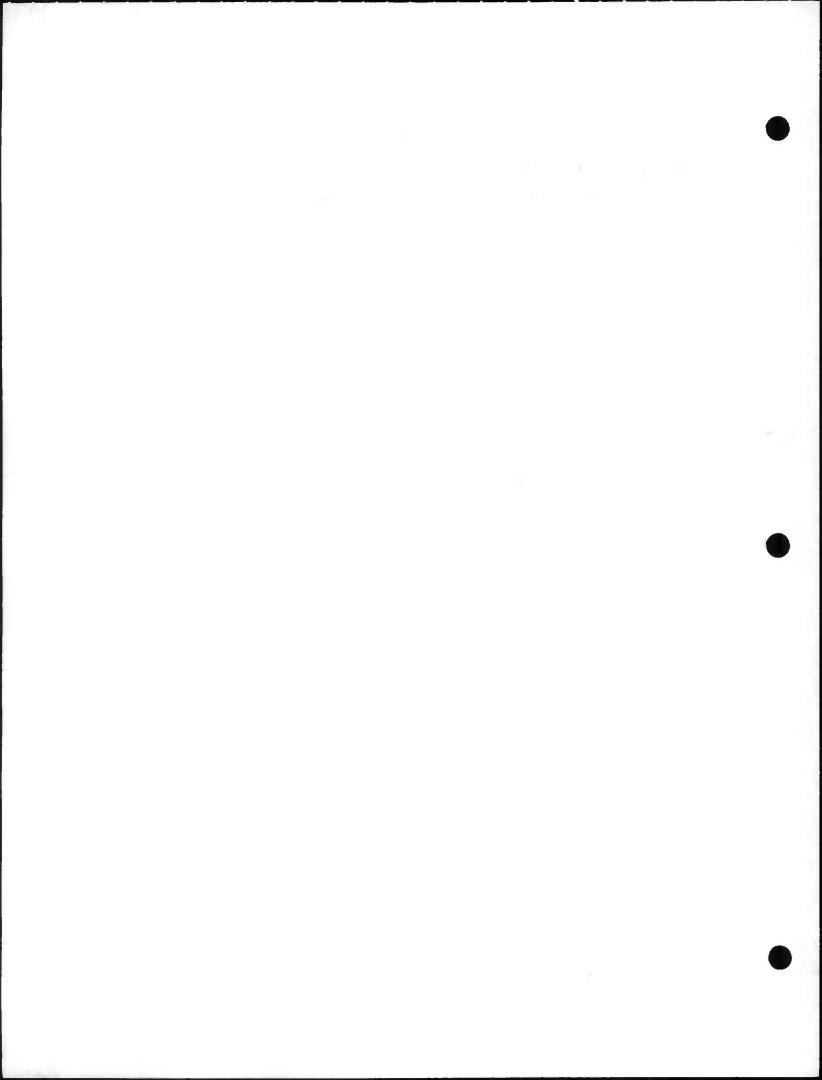
REGISTRAR				ERTIF	ICAT	E OF	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Mi Evelyn Gla		Vorhun						2. DATE OF MONTH May	0.	993	YEAR	3. TIME OF DEATH 9:58 P. M	
4. SOCIAL SECURITY NUMBER	IUVS	5. SEX	6. AGE (In yrs. I	ant hirthday)	IF UNDE	O 4 VEAD	IF UNDER 24 HRS.	7. DATE OF		. 7 7 3			
235-54-8651		1 🗆 M 2 💢 F	63		MONTHS	MONTHS DAYS HOURS MIN. 11-10-1929 West						HPLACE (State or Foreign ry) t Vitginia	
9e. FACILITY NAME (If not institu		,			9b. CITY	r, TOWN (DEATH						
Physicians N		ial Hosp	ital			LaF	lata			C	harl	es	
10e. STATE 10	b. COUNTY			10c. CIT	Y, TOWN	TOWN OR LOCATION 10d, INSIDI							
Maryland 100. STREET AND NUMBER	Char	les		M	arbı								
P.O. Box 33	Pi	per Lai	ne			101	20640				S.A	WHAT COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (Specify Yes			E — American Indian, k, White, etc.	
1 Never Married 2 Normal FORCES? 1 YES 2 NO If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 3 Widowed 4 Divorced FORCES? 1 YES 2 NO Specify: White									elfy:				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relierd.) 16b. KIND OF BUSINESS/INDUSTRY													
Elementary/Secondary (0-12		College (1-4 or 5 +		each	er						. В	pard of ED	
17. FATHER'S NAME (First, Middle Elmer Kelly							18. MOTHER'S NA Ora Ma				d		
19e. INFORMANT'S NAME (Type	/Print)		1	9b. MAILING	ADDRES	\$ (Street e	and Number or Rural I						
David Verhu				P.O.	Воз	x 33	Marbu:	ry, M	D 20	640			
20e. METHOD OF DISPOSITION XIXBurlel 2 Cremetion 4 Donation 5 Other (Sp	3 🗆 Remo	vat from State	20b. PLACI cemetery, c	rematory or p	ther place)	sition <i>(Na</i>	ans Cem	6/4	Che	cation —	nhar	own, State	
21. SIGNATURE OF FUNERAL S	ERVICE LICI	ENSEE	1		22.	NAME AL	ID ADDRESS OF FA	CILITY					
1 Daugt	<u>~</u>	C. Cc	hol	TIT	P	.0.	Box 56	7 LaP	lata	a, M	D 2		
23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Finel	eses, or co t failure. L	omplications that list only one ceu	se on each lir	10.					or respi	ratory ar	rest,	Approximate Interval Between Onset and Death	
disease or condition resulting in death)		DUE TO	OR AS A COME	C) C	C	-	fryest	-				15 minuts	
Convention, that are distance			Con	oh av	H	Av	grad 3	Dia	aan	1		Haur Yegy	
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	te											Harry Street	
CAUSE (Disease or Injury that initiated events resulting in death) LAST	1	DUE TO	(OR AS A CONS	EOUENCE O	F):	(1)	3(4					man) (man)	
resulting in death) CAST	d					_							
PART II. Other significant	conditione	contributing to	deeth but not	resulting	in the u	nderlying	g ceuse given in	Part i. 24	In. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								_ '	☐ 1E3 Z	× NO		OF DEATH? 1 YES 2 NO	
								_				T TES 2 NO	
25. WAS CASE REFERRED TO M	IEDICAL					26. Pt	ACE OF DEATH (Che	eck only one)					
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		e 5 🗆 Residence	e Chher (S	inec/h/)				
27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT	28d. OESCR		NJURY OC	CUREO		
1 Natural 5 Per 2 Accident Inve	iding estigation	(Moran, D	zy, rour)	ING	URY M		RK? YES 2 NO						
	uld not be ermined	26e. PLACE O building,	F INJURY — At I etc. (Specify)	iome, ferm, :	street, fac	tory, offic		261, LOCATION OF T	ON (Street a fown, State)	ind Numbe	r or Rural i	Route Number,	
290. CERTIFIER	INC BHASIC	IAN. To the heat of											
							end place, end due					e) end manner ee stated.	
29b. SIGNATURE AND TITLE OF	CERTIFIER	^ 0	1				29c. LICENSE NUN	MBER		29d. OAT	E SIGNED	(Month, Day, Year)	
NA	jc.	B. 7.	-ar	_	M		D-21173	3		•	6	11/93	
Niran P. Sha						Iwv.	301 So	Waldo	rf.	Md.	2060:	3	
31. DATE FILED (Month, Day, Year		32. REGISTRA	R'S SIGNATURE			, ,			- , .				
JUN 02	. 93	July	a Davidson	- Hand	462								



		1 - STATE REGISTRAR	STATE UF MARYL			CATE			MENTA	AL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	2110		. /	/	,		2. DAT	E OF DEATH		YEAR 3	. TIME OF DEATH
	3	Leonard	Holph		WI	CKI	1an	1	Ju	INC 5	**	93	6:25
L.	7	The second second		(In yrs. last I	[MONTHS I		UNDER 24 HRS.		th, Day, Year)		8. BIRTHPL Country)	.ACE (State or Foreign
) T'		030 20 3070		4	YRS.			100		/16/28		New	
3 should	ا ي	9a. FACILITY NAME (If not institution, give stre	. 1 1/	.//	, 1	11		OCATION OF	al.		1/	TY OF DEA	
2	5	HOR FOR & MEMO	rial Hosp	1/tal		Hav	RE	DEC	TRA	دح	1	arF	ord
ges	DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCATION		-		-	1	od. INSIDE CITY
₹.		4	larford			Aber	deen					1	LIMITS?
Ped	FUNERAL	10e. STREET AND NUMBER					101. ZIF	CODE					AT COUNTRY?
an. Iransit	NE	109 Law Street						21001				J.S.A	•
215-0020 attending physician. se as the burial-transit permit. Pages 1,	FU	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		13. WA	S DECEND	ENT OF HISP Cuben, Maxi	ANIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black, V	- American Indian, White, etc.
Q 2 2 2	B≺	3 Widowed A Dhumad	ıf yes, give war or d oreaVietna			1 [YES 2	NO Spe	clfy:			Specify:	ite
AND 21215-0020 the hospital or attending physic detached for use as the burial once.	E	15. DECEDENT'S EDUCA	TION	16a. DECI	EDENT'S	USUAL OCC	UPATION		16	b. KIND OF BUS	INESS/IND		116
21.2 20 mg or a	LET	(Specify only highest grade co	College (1-4 or 5+)	life. C	kind of w On NOT us	ork done dur e retired.)	ing most of	working					
ched ospits	MP	12	0	Labo	orer				I	Pipe Ma	nufac	cturi	ng
YLAND 21: by the hospital or be detached for u	COMP	17. FATHER'S NAME (First, Middle, Last)					18			Middle, Maiden	Sumame)		
RYL ad by a at	BE	Hiram O. Wickham	1					Eller					
MARYLAND retained by the hospit 5 should be detached notifiled at once.	2	190. INFORMANT'S NAME (Type/Print) Leonard R. Wickha	70							nber, City or Town			
H S S S		200. METNOD OF DISPOSITION				Box 5				Maryl		2100	
IGRE may must b		1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE AN	atory or ot	per place)	ON/Name o	of Comotro	0A	71 20c. LO	CATION — C	aty or Town	irginia
		21. SIGNATURE OF FUNERAL SERVICE LICEN		111191	LOIT			ADDRESS OF		iy Arı	ingu	on, v	irginia
E la le le le le le le le le le le le le le		Mis et a Am		16	0.0	T	arri	ng-Car	go Fu	meral			•
		23. PART I. Enter the diseases, or col	Congu	200				een, M			001-3		
		shock, or heart fellure. Lis	st Dnly one ceuse on e	ech line.	n. Do n	ot enter th	e mode	of dying, so	uch sa cei	diec or respi	ratory sm	est,	Approximeta intervai Batwee
25 単 点 書		iMMEDIATE CAUSE (Final disease or condition	GIB	1002	ina								Onset and Deat
3760, ted within completely ial, cremat	1	resulting in death) s.	DUE TO (OR AS A	CONSEQU	ENCE OF								-
pa do la	_	<u> </u>			()							İ
X S S S	CERTIFICATION	Sequentially list conditiona, If any, leeding to immediate	DUE TO (OR AS A	CONSEQU	ENCE OF):							
BO sate be hysicia prior	CA	Cause. Enter UNDERLYING CAUSE (Disease or injury											
. 6 4 5 5	=	thet initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQU	ENCE OF):							
0 5 5 0	Ä	d.		-									
DS the d		PART ii. Other aignificent conditions	contributing to deeth b	ut not res	sulting li	n the unde	rlying ce	eusa given i	in Part i.	24s. WAS AN			TERE AUTOPSY FINOINGS
that bed by	ICAL	avrtic Stl	mogis.							PERFOR		0	MAILABLE PRIOR TO OMPLETION OF CAUSE
RECOI requires that the signed shows any shows any	MEDI	prostate ca	0	0 -	0					1 TYES 2	g		F DEATH?
		Chronic at	ral Fibr	Illa	tiv	N							
VITAL F IAN: The law rifficate has be state Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLACE	OF OEATN (Check only o	ne)			
F VIT, SICIAN: The certificate the State	YSI	1 VES 2 NO 1		etlent 3		OTHER: 4 Nursin	g Nome 5	Residence	e 6 □ Oth	er (Specify)			
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate has s after death with the State D 28 is marked, or item?	PHY	27. MANNER OF CEATH 1. Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME INJU	OF 21 JRY	Bc. INJURY WORK?		28d. OE	SCRIBE NOW II	JURY OCC	URED	
ON OF DING PHYS After this death with s marked,	B	2 Accident Investigation					1 TYES	2 🗌 NO					
ISIC TTEND TOR: A after d after d	B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— A1 home	e, ferm, si	treet, factory	, office		261. LO	CATION (Street a or Town, State)	nd Number	or Runal Rou	te Number,
DIVISION DIRECTOR: After hours after death	COMPLET	29e, CERTIFIER											
7 10 =	MPL	(Check only	AN: To the best of my know										
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 i	Ö	2 MEDICAL EXAMINER:	On the basis of examination	n end/or Im	restigation	n, in my opir	nion, death	occured at 1	he time, dat	e end place, en	d due to the	ceuse(e) e	nd manner ee stated.
THE F	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	T. 1/1		E	0	29	c. LICENSE N	UMBER	- 6	29d. DATE	SIGNED (M	Idnth, Day, Your)
₽ ₽ ₽ X	6	AND HAME AND ADDRESS OF PETROL WILLIAM	Jun 1CM	1/	MI	()		125	+30	4		6/5	()>.
		30. NAME AND ADDRESS OF PERSON WHO	ALC ALM	ATN (ITEM :	27) (Type,		1,1	llu	1.1	0 7	nal	(
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	~/	Try		xu	, M	1) (1	001	•	
		IIIN 07'93	32. REGISTRAR'S SIGN	Pande	22								
		JUN U JU	1	,									

DHMH-16 Ray 1/89

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.						
	1. DECEOENT'S NAME (First, Middle, Last) BUR	NAW	SHEB	2. DATE OF DEATH	93 1540 (M					
	4. SOCIAL SECURITY NUMBER 5. SEX 2 12-14-7512 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. lest birthday) 7 Z YRS.	FUNDER 1 YEAR FUNDER 24 HMS.	7. DATE OF BIRTH (Morth, Dec. Mar)	BRITHPLACE (Stem or Foreign Country) Maryland					
TOR	9a. FACILITY NAME (If not institution, give street and number) FREDERICK MEMORIAL HD: RESIDENCE OF DECEDENT	SPITAL	9b. CITY, TOWN OR LOCATION OF DEATH FREDERICK PREDERICK							
DIRECTOR	10a. STATE 10b. COUNTY Maryland Frederick		y, town or Location rederick	10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{N} \) NO						
FUNERAL	8015 Meadowview Dr.		101. ZIP COOE 21702		IZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA 9/16/44 —		13. WAS DECENDENT OF HISP. If yee, specify Cuban, Maxis 1 YES 2 NO Specific NO Specific No.	ANIC ORIGIN? (Specify Yes or No— can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u.		16b. KIND OF BUSINESS/IN	DUSTRY					
M	12	Credit	Dept	Potomac	Edison Co					
BE CO	17. FATHER'S NAME (First, Middle, Last) John Wilbur Warner			AME (First, Middle, Meiden Surname) da I Shaver						
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street and Number or Rura	I Route Number, City or Town, State, Zip	Code)					
2	Mrs. Louise Warner	801	5 Meadowview Dr	., Frederick, M	D 21702					
	1 Surial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	cometery, cremetary or o	of disposition (Name of the piece) et Cemetery	oate 20c. LOCATION - 5/15/93 Fred	The state of the s					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A. P.O. Box 1819, Frederick, MD 21702									
	PART I. Epin the diseases, or complications that shock, or heert failure. List only one caus IMMEDIATE CAUSE (Finel	caused the death. Do re on each line.	not enter the mode of dying, su	ch as cardiec or respiratory and	rest, Approximate interval Between Onset and Death					
	disease or condition resulting in death)	OR AS A CONSEQUENCE OF	heart A	a-lure	Short and Death					
TION	Sequentially list conditions, if any, leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DR AS A CONSEQUENCE OF	F):							
	PART II. Other significent conditions contributing to d	eath but not resulting	in the underlying cause given in	Post i Dec Mag an Alemana						
EDICAL		out out to the time	in the underlying couse given in	Part i. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
IN: M				_	1 TES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL:	ER/Outpatient 3 DOA	26. PLACE OF DEATH (COOTHER:							
ву РНУ	27. MANNER OF DEATH Netural 5 Pending (Month, Dey 2 Accident Investigation	NJURY 28b. TIM		28d. OEŞCRIBE HOW INJURY OCC	CUREO					
		INJURY — At home, farm, a ic. (Specify)	itreet, fectory, office	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axa									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	IMBER 29d, DATE	E SIONED (Month, Day, Year)					
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	(hrint)	est fished	M3 21701					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR			, ,						
	MAY 1 7 1993 Julia.	Varidson-Randa	2							



MARYLAND 21215-0020

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(687	law requires that the death certificate be executed within 24 if
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S,	death
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S.	that
REC	requires
_	SW.
I	The
NOF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The I
DIVISION	ATTENDING
	DR

this c.

DIRECTOR: After the hours after death

FUNERAL (

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mary Ann Wodoslawsky May 11, 1993 4:00 A. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
July 23, 1928 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS Penna. 1 M 2 X F 65-24-9616 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery DIRECTOR 11401 Mt. View Rd. Damascus RESIDENCE OF DECEDENT 10a STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 25609 Jarl Drive 20882 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Pr 1 YES 2 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Registered Nurse Nursing notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph McDonald Ella Carroll BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 9 Frank S. Wodoslawsky 11401 Mt. View Rd., Damascus, Md. 20872 98 20e. METHOD OF DISPOSITION
14.3 Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must St. Peter & Paul Cemetery 5/15/93 Portage, Pa. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. 900 Tear 26401 Ridge Rd., Damascus, Md. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition resulting in death) BUNCHIE CTASIS event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Failup any rges tive 1 TES 2 NO OF DEATH? Shows Depression 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item : HOSPITAL: OTHER: 1 TES 2 NO Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? Is marked, Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be determined COMPLETED 28 4 🗌 Homicide Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Mopth, Day, Year) BE och 5/12/93 26540 ø WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) hoenteres 16220 Frederick Rd., Gaithersburg, Md. 20877

32. BEGISTRAR'S SIGNATURE

Funda var doon-Randall

9 (8 B

FOR STATE REGISTRAR

1 -

uid be detached for use as the burial-transit permit. Pages 1, 2. 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 minute mit TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Pap TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

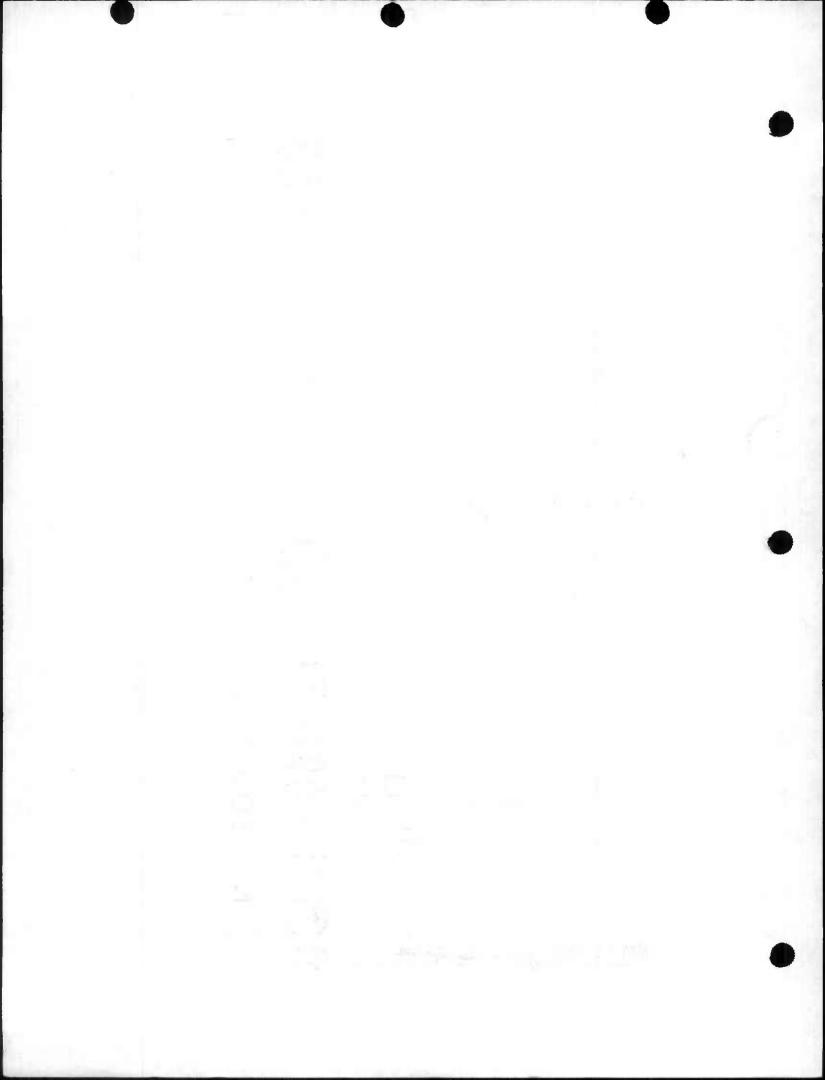
7462 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH
MONTH Viyian Moberly WEBB DAY 3. TIME OF OEATH 93 4: 20 AM

	1. DECEDENT'S NAME (First, Middle, Last)	Vivian	Mober 1	W-WEF	BB				2. DATE	OF OEATH	AY	YEAR	3. TIME OF OEATH
	VIVIAN	19.	Moberl	08					5	- 8	- 9	3	4:20 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)			IF UNDER			OF BIRTH	Ì	6. BIRTH Countr	IPLACE (State or Foreign
	213-40-6907	68	YRS. MONTHS DAYS HOURS MIN. April 22.1					1925	925 Maryland				
	9a. FACILITY NAME (If not institution, give a			9b. CITY	, TOWN	OR LOCATI	ON OF DI				C. COUNTY OF DEATH		
BO	Homewood Retirement Center					Fre	ederi	ck			Frederick		
5	RESIDENCE OF DECEDENT		OCITECI					CIC	•		Trederick		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CI	TY, TOWN O	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
0	Maryland F	rederick			F	rede	erick						1 X YES 2 NO
AL	10e. STREET AND NUMBER	go Dotin	omont I	Iomo		10	f. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
EB	990 W	se Retir	Drive	iome			21	702				U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMED						N? (Specify Ye Rican, atc.)	a or No—	14. RACI	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES	ZINO.			2 NO			HICAN, atc.)		Spec	Mari
	21												" White
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)		(Give kind of	work done	CCUPATION TO COURT OF THE COURT	ON ost of world	ing	168	. KINO OF BU	ISINESS/INC	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u						Home			
MP	6			Home	emake	r							
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)		
BE		is H. MO	BERLY							JONES			
0	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
-	Mr. Guy B. Walter	Jr.						Lane		rederi			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	ovel from State		CE AND DAT			(Name		DAT	7E 20c. LC	OCATION -	City or To	own, State
	4 Donation 5 Other (Specify)		- High	land	Memoi	TV G	arde	ns.5	-11-	93 D	ublir	1. V	irginia
18	21. SIGNATURE OF FUNERAL SERVICE LI	1.					ND AODRE			D A 1	T		Iome
113	Allan 9	4 Rue	u MO	0703	1	eene	y a	Dasi	LOLU	P.A.	runer	al I	Md. 21701
	70 7		1	-,									
	23. PART I. Enter the diseases, or	complications the	ceused the	deeth. Dp	npt enter	the mo	ode of dy	Ing. suc	ch es cer	diec or resp	iretory an	reat,	Approximate
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	ceused the	deeth. Do Ine.	not enter	the mo	ode of dy	ring, suc	ch es cer	dlec or resp	olretory and	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	^			not enter	the mo	ode of dy	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate
	IMMEDIATE CAUSE (Final	a. ?	GORAS A CON	DIA -	DFI:	~ FA	RCT16	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final	a. ?	GORAS A CON	DIA -	DFI:	~ FA	RCT16	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
ION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. ?		SEOUENCE O	OF):	~ FA	RCT16	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. ?	GORAS A CON	SEOUENCE O	OF):	~ FA	RCT16	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO	GORAS A CON	SEOUENCE O	OF):	~ FA	RCT16	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	O CAR O COR AS A CONS O COR AS A CONS	SEOUENCE O	OF):	~ FA	RCT16	ring, suc	ch es cer	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONI	SEOUENCE (I POP:	~ FA	RCT16	RD1	· A	diec or resp	olretory and	reat,	Approximate Interval Between Onset and Death
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George I. Smith, Jr., 300 West Ninth Street, Dr. M.D. Frederick,

31. DATE FILED (Month, Day, Year) MAY 1 2

32. REGISTRAR'S SIGNATURE Lulia Davidson



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use as the burial-transit detached for n by the funeral director, page 5 should be removal. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by i within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remo ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medica the death certificate that AM. The PHYSICIAN: OR ATTENDING HOSPITAL IMPORTANT: If THE 223

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 6 2107 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 6. BIRTNPLACE (State or Foreign Country) 221 03 0244 1 XM 2 | F YRS. 21 Maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN 9c COUNTY OF DEATH Shock-Tram. U. OF MD. HOSP. Baltimore DIRECTOR BALTIMORE Baitmore cin RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MD. Dorchester Secretary FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6004 Sunnyside Court 21664 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? X X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES ※ NO Specify: 1 Never Married 2 Married ВУ Specify: white 3 Widowed 4 Divorced WW II white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) Certified College (1-4 or 5+) 11 Accounting Public. Accountant 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry L. Wilson Katherine May Holt 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 #905, Bethesda MD. 20816 5101 River Rd. Robert C. Wilson, 20e. METHOD OF DISPOSITION
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Salisbury Crematory or other plecel 4 Donation 6 Other (Specify) Salisbury MD. 6/4 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home Court R Thomas 700 Locust St. Cambridge Md. 21613 23. PART i. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory erreat, Approximate ahock, or heart fallure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Intraccrebral Henombuge
DUE TO (OR AS A CONSEQUENCE OF): Dhours. MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO Hypertesion COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: me 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY
(Month, Dey, Jear)

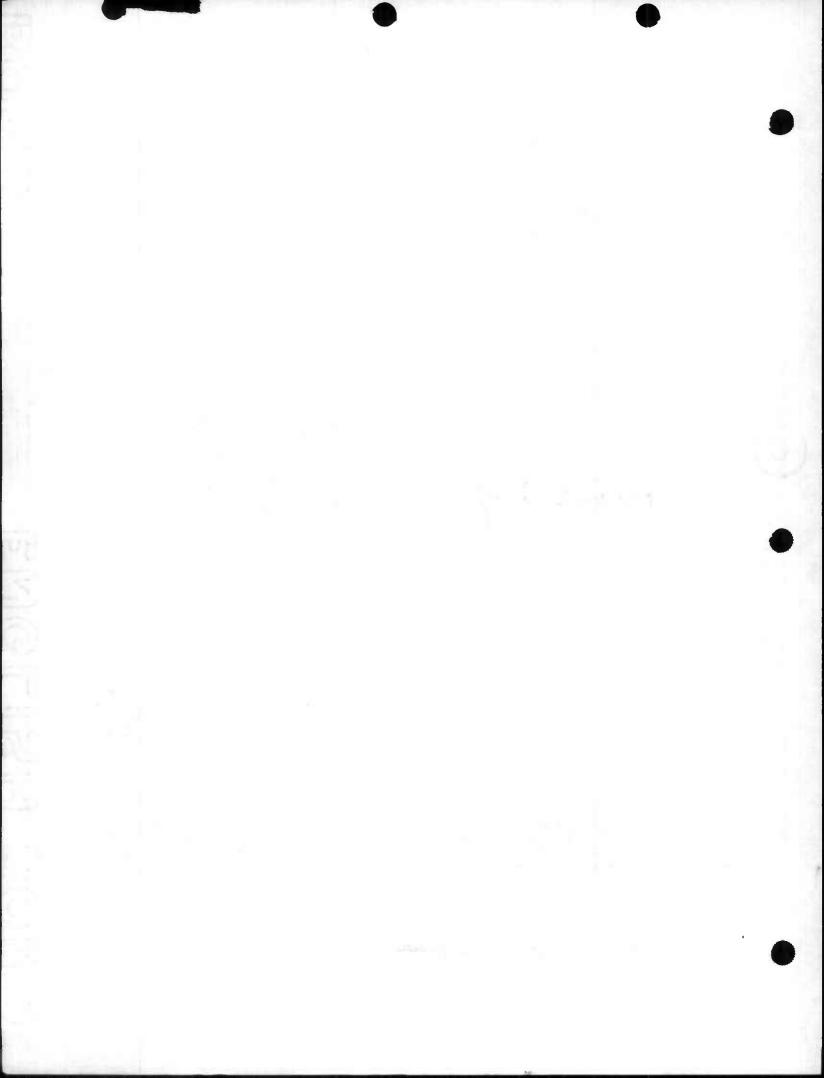
28b. TIME OF INJURY
NURY

28c. FLACE OF INJURY — At home, ferm, street, factory, building, etc. (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural CVA 5 Pending Investigation 1 YES 2 NO BY LUS 2 Accident 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 __ CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BE 29d. DATE SIGNED (Magni, Day, Year) 2 5HICKINGUA 32. REGISTRAR'S SIGNATURE Lie Lavidson-Rando

Ver.	\mathbb{Z}	30
BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the State Deor, of Health and Mental Hydiere prior to burial, comparion, or removal.
OF VITAL RECORDS, P.O. BOX 68760,	rSICIAN: The law requires that the death certificate be executed within 2	s certificate has been signed by the attending physician and completely filled in by the thin the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal

		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF		AY	YEAR 3	. TIME OF DEATH
				Lynn Will	ourn						5-28-93 06			06457	
				6. AGE (In yrs.	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH 8. BIRTHP (Month, Day, Year) Country)		8. BIRTHPL Country)	ACE (State or Foreign				
8		NONE 1 □ M 2 ☼ F 9a. FACILITY NAME (# not institution, give street and number)				YRS.			2	"77-		98.	931	na	buslyi
STEPA.	œ	Sa. FACILITY NAME (If not in	atitution, give s	treet and number)	0110	1	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF								
132)	DIRECTOR	RESIDENCE OF DECEDENT					Silverspring					montgomery		DIAME! Of	
	H.	10a. STATE 10b. COUNTY				10c, CI	ry, town (OR LOCA	TION					10	Od. INSIDE CITY LIMITS?
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physician. burial-transit		1 Never Married 2	YES 2			If yes, sp	ecify Cubi	ın, Mexica	n, Puerto Ric	? (Specify Yes or No— 14. RACE — American Black, White, etc.)		- American Indian, White, etc.			
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ICIAN: The errificate the State or Item	YSIC	1 TES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nur		e 5 □ Ra	sidence	8 Other (S	Specify)			
# # # 5	ву Рн		Pending nvestigation	28a. DATE OF (Month, D		26b. Till IN	ME OF JURY M		URY AT PRK7 YES 2	□ NO	28d. DESCR	RIBE HOW I	NJURY OCCL	JRED	
TTENDI TOR: A after of	ETED I		Could not be letermined	28a. PLACE C building,	OF INJURY — AI etc. (Specify)	home, farm,	street, fact	ory, offic			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	P	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To Iha best of	my knowledge,	death occur	red at the t	lme, data	and place	, and due	to the cause	(a) and mar	mer an state	d.	
HOSPITAL FUNERAL WITHIN 72 TANT: IT	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the beats of a	xamination and/o	or investigation	on, in my c	pinion, d	leath occur	red at the	time, date an	d place, an	d dua to the	couse(a) a	nd manner as stated.
TO THE HOSPITO TO THE FUNERA BE filed within 7	BE	290. SIGNATURE AND TITLE	OF CENTIFIER	de	6.0	vieta.				ENSE NUM					lonth, Day, Ybar)
5 5 3 X	0	Mary	Ffr	ore To	esse	i mo)		ν	260	080		1	5 -2	-8-43
	-	MARY LEA	OBE	KESZ		M.Z		Но1у	Cro	ss H	ospita	al Si	lver	Sprin	ng, MD
		31. DATE FILED (Month)	1993	PHONE TO	S S S NATUR	andell									

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			IYGIENE REG. NO. 9	3 17465			
	1. DECEDENT'S NAME (First, Middle, Last)		n YOUN	G	IF UNDER 24 HRS.	2. DATE OF	g a	YEAR 8 25 PM			
	4. SOCIAL SECURITY NUMBER 129–28–6109	6. SEX 6. AGE (III		v. 18,1897 s. BIRTHPLACE (State or Foreign Country) New York							
TOR	90. FACILITY NAME (If not institution, give st Homewood Retireme RESIDENCE OF DECEDENT			100	or location of Di	EATH	1.0	y of DEATH derick			
DIRECTOR	10e, STATE 10b. COUNTY	Arundel	10c. CIT	Y, TOWN OR LOCA Pasades			10d. INSIDE CITY UNITS? 104 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 852 Riverside I	Orive		1	01. ZIP CODE 21122		10g. CITIZEN OF WHAT COUNTRY				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2XX10 NTES	If yes, s	CENDENT OF NISPA pocity Cuban, Maxico S 2 NO Specia	en, Puerto Rice	(Specify Yee or No— 14. RACE — American Indian, Black, White, etc. Specify White				
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	life_Qo NOT u	usual occupat work done during n se retired.)			BL. KINO OF BUSINESS/INDUSTRY Home					
E COMPL	17. FATHER'S NAME (First, Middle, Last) Thomas Daws	30n				ME (First, Midd Lian F	Me, Maiden Sumame)				
TO BE COM	19a. INFORMANT'S NAME (Type/Print) Russell D. Young		The second second second				City or Town, State, Zip Clena, Mary	land 21122			
	20a METHOD OF DISPOSITION XX Burles 2 Crementon 3 X Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DISPOSITION (Name 120b. PLACE AND DATE of DATE										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE WOOD255 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 21701										
AL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentisity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDIC	PART II. Other significant condition	is contributing to death b		In the underly	ng cause given in		e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATN (C	heck only one)					
>	1 U YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	4 Nursing He ME OF 28c. t	ome 5 - Residence NJURY AT VORK?	7	(pecify)	UREO			
TED BY PH	1 Retural 5 Pending M 1 YES 2 NO							or Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only	ICIAN: To the best of my know						rd.			
O BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFIE		<u>/</u>	()	29c. LICENSE NU			SIGNED (Morith, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WA	/					J	1 21701			
	Dr. George I. 31. DATE FILED (MOOTE, Day, Aber) MAY 1 2 1993		ATURE		nui stree	et, Fre	cuerick, M	u. 21/UI			



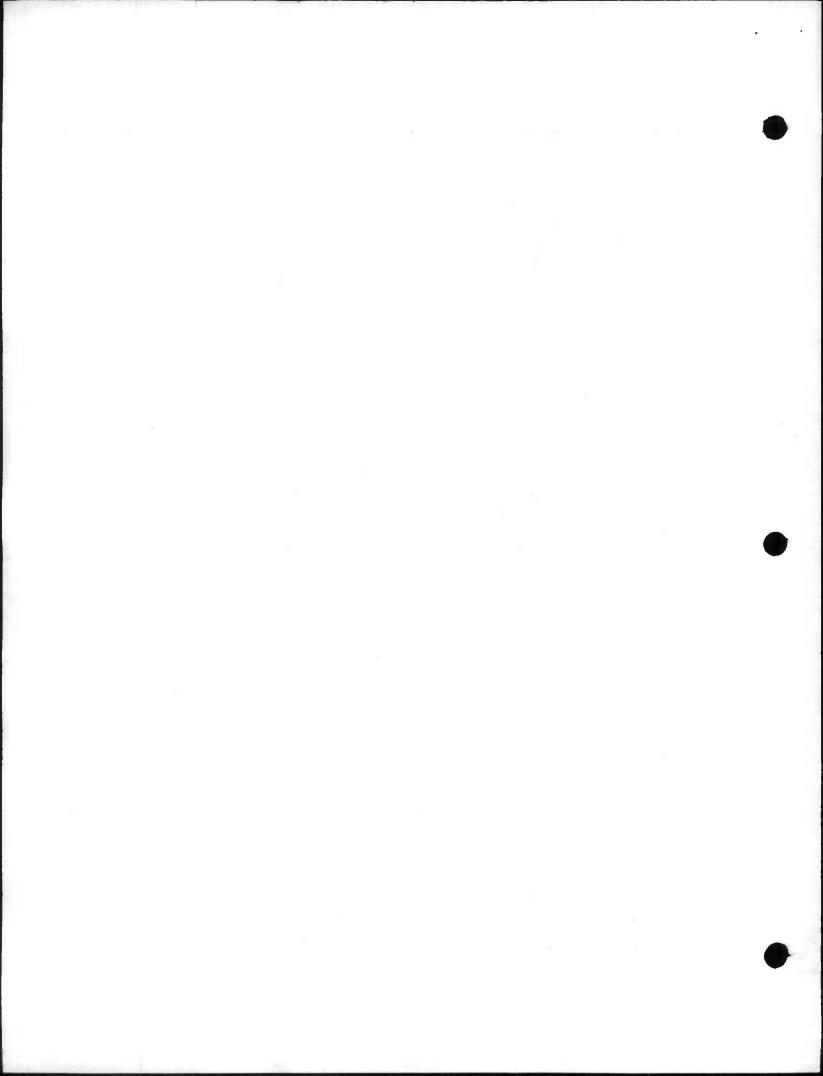
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

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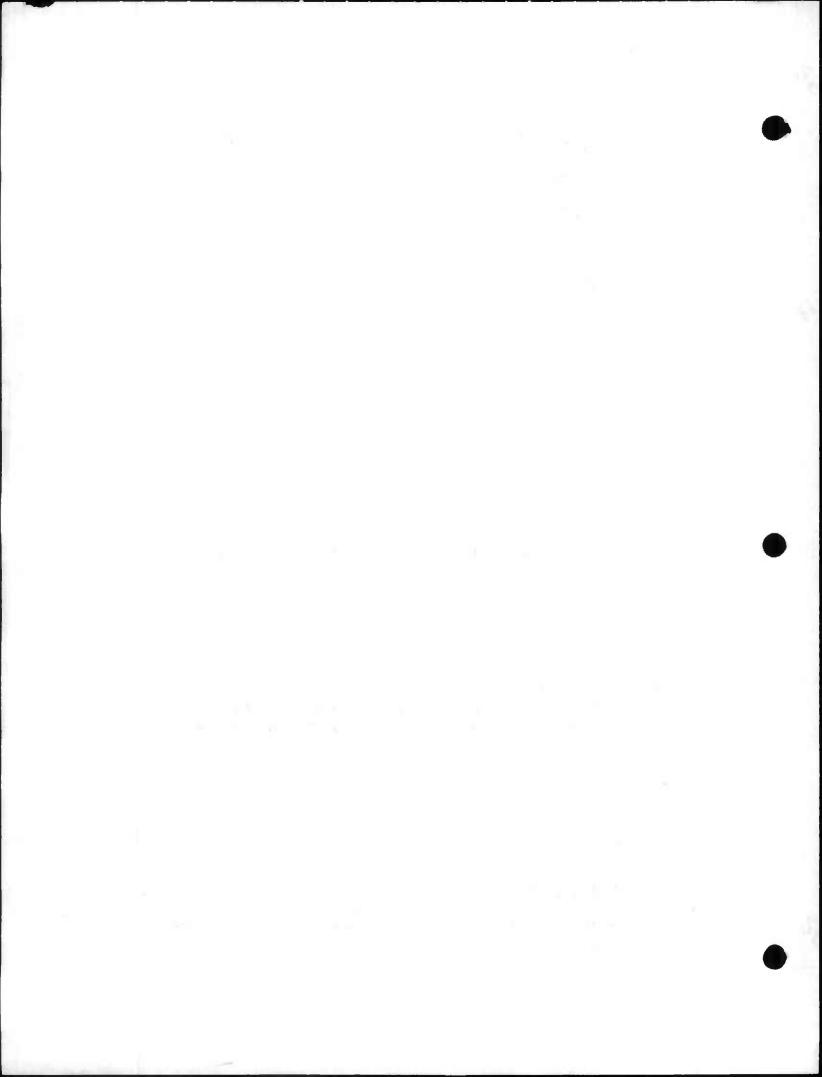
						93	17466				
	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF CERTIFICATE OF		NTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) MELVIAI COM	PHER ZEG		2.	DATE OF DEATH MONTH	YEAR 3	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 215–36–6658	5. SEX 6. AGE (In yrs. In SO	yrs. F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. 7. HOURS MIN. ME	DATE OF BIRTH (Month-Day, Year) 191	2 8. BIRTHPL Country) Md.	ACE (State or Foreign				
TOR	6014 Picnic Wood		9b. CITY, TOWN	Burkitts		Frederi					
DIRECTOR	10a. STATE 10b. COUNTY	Frederick	10c. CITY, TOWN OR LOCK Burk	ittsville			Od. INSIDE CITY LIMITS? VES 2 1 NO				
FUNERAL	104. STREET AND NUMBER 6014 Picnic	Woods Rd.	1	21718	**	0g. CITIZEN OF WH					
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 K IF YES, GIVE WAR OR DATES	NO If yes, s	CENDENT OF HISPANIC Opecify Cuban, Mexican, Pos 2 NO Specify:	ORIGIN? (Specify Yes or verto Rican, etc.)	Black, \	- American Indian, White, etc. White				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	completed) (DECEDENT'S USUAL OCCUPAT (Give kind of work done during mile. Do NOT use retired.) farmer		16b. KIND OF BUSING						
BE CON	17. FATHER'S NAME (First, Middle, Last) George F. Zecher 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leola Compher										
TO B	196. INFORMANT'S NAME (TyperPrint) Carrollee Zecher 196. Mailing address (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Chesterbrook Apts., Middletown, Md. 21769										
	20a. METHOD OF BISPOSITION 3 Ramed A Donation 5 Other (Specify)	cemetery, con Refo	e and date of disposition (A crematory or other place) crmed Cemeter	y	5/11 Middl	etown. M					
	21. SIGNATURE OF FUNERAL SERVICE OF	howar	Dona. 31 E	ld B. Thomp Main St.,	son Funer Middleto	wn, Md.	21769				
מווי, ווופ ווופעונים	IMMEDIATE CAUSE (Final	a. CRUSH IN DUE TO (OR AS A CONSI	ne.		cardiac or respirate	ory arrest,	Approximate interval Between Onset and Death				
LION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CONSE									
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CDUE TO (OR AS A CONSI	EQUENCE OF):								
- W	resulting in death) LAST	d					<u> </u>				
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but not	resulting in the underlying	ng cause given in Pari	24e. WAS AN AUT PERFORME 1 TYES 2	NO O	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Check of	only one)						
YSIC	1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4 Nursing Ho	me 5 - Residence 8 -	Other (Specify)						
BY PH	2 M Accident Investigation 03/07/93 0700M 1 YES 2 M NO TRACTOR GACKED										
- 1	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	HOME - FAR	P) 281	BI. LOCATION (Street and Number or Pural Route Number, City or Togri, Base) GO! 4 PICNIC WooDS Rd						
COMPLETED		ICIAN: To the best of my knowledge, d					nd manner ee stated.				
ž Ö	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER		9d. DATE SIGNED (M					

► 05/07/93 209867 21701 4599



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		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last	1/LDRED	110			2. DATE OF DEATH MONTH DAY	-93	3. TIME OF DEATH OF	
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should noval.	TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 161-05-2899 98. FACILITY NAME (If not institution, give	1 🗌 M 2 💢F	yrs. last birthday) 77 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF DE		8. BIRTHI Country	PA.	
		NORTHWEST HOSP.	TAL CENTER		RANDA	LLSTOWN		BALTIM		
		MD. BALTIMORE 100. STREET AND NUMBER		10c. C11	P, TOWN OR LOCAL BALTIM				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
		725 MT: WILSON LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.		U.S. ARMED	2		208 NIC ORIGIN? (Specify Ves o		JSA — American Indian.	
		1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		an, Puerto Rican, etc.)	Black	White, etc.	
		(Specify only highest grade completed) (Give kin Elementary/Secondary (0-12) College (1-4 or 5+)		(Give kind of life. Do NOT u	WIFE WORK done during me retired.)	ON ast of working	166. KIND OF BUSINESS/INDUSTRY HOME			
		17. FATHER'S NAME (First, Middle, Leat) WILLIAM KLAMEN				NAME (First, Middle, Melden Surname) ESTHER MILDER				
		190. INFORMANT'S NAME (Type/Print) MRS. TINA GROSS		7008	ARBOR L	ANE, McL	Poute Number, City or Town. EAN, VA. (2	State, Zip Code) 2107)		
		20a. METHOD OF DISPOSITION 1	moval from State camel	ery, crematory or of the JACOB	CEMETER 22. NAME AI SOL 6010	NY 6/16 ND ADDRESS OF FA LEVINSON D REISTER	5/93 PHIL CHUTY 1 & BROS. FU RSTOWN RD., E	BALTO., MI	ME	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIVISION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after DIFFERENCE OF THE PROPERTY OF STATE THIS CERTIFICATE has been signed by the attending physician and completely filled in by the control of the property of the propert		23. PAIT I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Due to jor as a co	GE	RENA			itory erreat,	Approximate Interval Between Onset and Death	
	IN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C							
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CENTIFORD VAS CILLYS ACCIDENT TO PERFORMED? NON-INSULAR DEPENDENT DIABETY MEDITES: PESSIBLE DEPENDENT DIABETY MEDITES: CORPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO								
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER GEDEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE DF INJURY (Month, Day, Year)	28b. TIN	OTHER: 4 Nursing Hon IE OF 28c, INJ JURY WO	JURY AT DRK?	8 Other (Specify) 28d. DESCRIBE HOW INJ	URY OCCURED		
	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.								
	TO BE	29b. SIGNATURE AND THE OF CERTIFIC	by pu	٥.		29c, LICENSE NUI	502	DATE SIGNED	4-92	
0		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NORTH WITH HOSPITAL GINTER ORIANDO B. CONANAN MD RANDAILE TOWN, MG. 21133 31. DATE FILED (Month, Day, Ved) 138. REGISTRAR'S SIGNATURE								
		JUN 1 6 1993	Julia Devidson Pan	delle						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	IE 93	17400								
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	HENRY	-	B.	ERRY	2. DATE OF DEATH		3. TIME OF DEATH 2:37 P. M		
	4. SOCIAL SECURITY NUMBER 578–18–0056	1 🛣 M 2 🗆 F	n yrs. lest birthdey) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/27/16		BIRTHPLACE (State or Foreign Country) ashington, D.C		
TOR	90. FACILITY NAME (If not institution, give st 205 S. CALHOUN RESIDENCE OF DECEDENT				MORE CI		9c. COUNT	Y OF DEATH		
DIRECTOR	Md. 10b. COUNTY			r, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 205 S. Calhoun S	treet		10	21223		10g. CITIZEN OF WNAT COUNTRY?			
8	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2						fee or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use Retir	vork done during mo e retired.)	16b. KIND OF BU	16b. KIND OF BUSINESS/INDUSTRY				
76 144	17. FATHER'S NAME (First, Middle, Last) John H. Berry	HER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle Gertrude Roge					
TO BE	190. INFORMANT'S NAME (Type/Print) Viola L. Berry					Route Number, City or Tow	rn, State, Zip Co 21230	ode)		
r must be	20e METHOD OF DISPOSITION 1 & Burlet 2 Cremetich 3 Remo	oval from State	PLACE AND DATE Of the story of	F DISPOSITION (N.	ama of tery	6/		or Town, State		
examiner examiner	22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227									
event, the medical	23. PART I. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, ehock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death									
or other traumatic	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
hows any inju	PART II. Other significent conditions	Other significent conditions contributing to death but not			resulting in the underlying couse given in		TI I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMAILABLE COMPLETM OF DEATH!			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 M YES 2 NO	HOSPITAL:		OTHER.	LACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Yeer)	26b, TIME	OF 28c, INJ	IURY AT DRK?	e Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	BED		
	2 Accident Investigation 3 Suicide e Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specifi	— At home, term, st	M 1 TYES 2 NO		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
TANT: If item 28 is COMPLETED	29e. CERTIFIER (Chect only 2 XMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner ee stated.									
BE	296. RIGHAFURE AND TITLE OF CERTIFIER	Whe	MD		29c. LICENSE NUMBER O.C.M.E.		29d. DATE SIGNED (Month, Day, Year) 6 - 10 - 1993			
T 0	30. Name and address of Person who completed cause of Death (ITEM 27) (Type, Print)									
d	31. DATE FILED (Month, Day, Year) JUN 1 6 1993	32. BEGISTRAR'S SIGNAL SULLAND	- Randell				-			

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TO THE HOSPITAL, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within a second death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTR	AR	
)	1. DECEDENT'S	NAME	(Firs
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ı	4. SOCIAL SEC	URITY I	MUN
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	-	CENTIFICA	IE OF DEATH	REG. NO.							
1. DECEDENT'S NAME (First, Middle, Ann A. Beus				2. DATE OF DEATH DA	YEAR	ZP I					
4. SOCIAL SECURITY NUMBER 212-34-9031	5. SEX 1	67 YRS. WONTH	DER T YEAR F UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Mornty, Day, Year) 06/12/25	8. BIRTHPLACE (Si Country) Canada	tate or Foreign					
9056 Town and	90. FACILITY NAME (If not institution, give street and number) 90.56 Town and Country Blvd., Apt. F Ellicott City Howar RESIDENCE OF DECEDENT										
Md. He	ounty .	tt City	City								
9056 Town and	l Country Blvd	., Apt. F	101. ZIP CODE 21043		109. CITIZEN OF WHAT COU	NTRY?					
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TYPE IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	cen, Puerto Rican, etc.)	Black, White, a	ite					
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	t grade completed) Cotlege (1-4 or 5+)	life. Do NOT use retire	ne during most of working d.)	16b. KIND OF BUS							
17. FATHER'S NAME (First, Middle, Li	8+	TrattRoraga	Specialist		f Maryland						
Gustave D. Bet				ine M. Sche							
19e, INFORMANT'S NAME (Type/Prin		T 405 MAN INC ACOR	ESS (Street and Number or Rurs								
George J. Ber	•		duct Avenue,								
			(Name of cemetery, cremetery or		CATION — City or Town, State						
20s METHOD OF DISPOSITION 1)	Gate of Heav	en Cemetery	E. I	lanover, New	Jersey					
21. SIGNATURE OF MUNERAL SERV	ICE LICENSER	0	Gary L. Kauf S695 Main St	man Funeral		227					
IMMEDIATE CAUSE (Final	List only one cause of	sed the deeth. Do not en n each line.	iter the mode of dying, su	ich aa cerdlac or reapi	ratory errest, Ap	proximate lerval Betweenset and Deet					
disease or condition resulting in death)	a. Atherocc DUE TO JOH A	S A CONSEQUENCE OF:	dravasculo	w Discos	e	(12)					
Sequentially list conditions, if any, leading to immediate	b. Hyper.	S A CONSEQUENCE OF):				YRS					
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR A	S A CONSEQUENCE OF):									
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PART II. Other algrificent con	ditions contributing to dest	h but not resulting in the	underlying ceuse given i	in Part i. 24e. WAS AN PERFOR	MED? AVAILABI COMPLE DF DEAT	ITOPSY FINDINGS LE PRIOR TO TION OF CAUSE H?					
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (
1 YES 2 NO	1 Inpatient 2 ER/O		Nursing Home 5 Residence								
1 Natural 5 Pendin			28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HDW I	NJURY OCCUREO						
2 Accident Investig	28e. PLACE OF INJ	URY — At home, farm, street,	factory, office	281. LOCATION (Street of City or Town, State)	and Number or Rural Route Num	aber,					
Correct Gray	PHYSICIAN: To the best of my ka					nner as stated.					
296, SIGNATURE AND TITLE OF CE	RTIFIER IN A	Deputy N	E 29c. LICENSE N	UMBER	29d. DATE SIGNED (Month,	Day, Year)					
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	u Cone Way	FILICOHO		2					
31. DATE FILED (Manth, Day, Year)	32. REGISTRAR'S S	IGNATURE			1						
I JUN L R 1	443 Suive Dev	doon-Randelle									

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BALTIMORE, MARYLAND 21215-0020

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ATTENDI	ECTOR: A	s after d	n 28 is
PITAL DR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	172 hour	P. If Hen
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	1. DECEDENT'S NAME (First, Mid	dle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	Lexine A.	Byrd							MONTH , D	AY S	YEAR	10:30 a M
	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. In	st birthday)	IE UMDEI	IF UNDER 1 YEAR IF UNDER 24 HRS.						PLACE (State or Foreign
	242-12-5852	1 🗆 M 2 🛣		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	012	N.C	PLACE (State or Foreign
	90. FACILITY NAME (If not institut		1/	1110.	_							
~								ION OF DE	EATH	9c. COL	INTY OF DE	EATH
2	2000 O'Dell				Ba	ltim	ore					
DIRECTOR	RESIDENCE OF DECED	L COUNTY		100 00	Y, TOWN	001004	TION					
<u>=</u>	Md.										ŀ	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				Baltimore					_		1 X YES 2 NO
₹						10	f. ZIP COD	_			TIZEN OF WHAT COUNTRY?	
9	2000 O'Dell /						212	31		US.	A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merr	12. WAS DECEI FORCES?	DENT EVER IN U.S. A	RMED NO					NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IE VEC OIL	E WAR OR DATES				2 100				Specifi	
												WILL GO
里		NT'S EDUCATION heat grade completed)	(0	ECEDENT'S Give kind of	work done	during mo	ON ost of worki	ing	16b. KIND OF BU	SINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or	(II+)	Do NOT u					0.1	3		
2	12		GE	fete	ria	MOLK	er		Schoo	1		
COMPLETED	17. FATHER'S NAME (First, Middle,								ME (First, Middle, Maiden			
BE	George H. On	er e					_		a A. Dalto			
0	19e. INFORMANT'S NAME (Type/F		18	B. MAILING	ADDRES	S (Street	and Numbe	r or Rural I	Route Number, City or Tow rn, Maryla	n, State, Zi	p Code)	
-	Edward R. Led	perter		סנכי	PLON	eer	TE.,	Seve	rn, Maryla	na 2	1144	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3		209 PLACE	AND DATE	OF DISPOS	SITION (No	ame of	-	DATE 20c. LO	CATION -	Cify or Tov	vn, State
	4 Donation 5 Other (Spe	city	Green	ematory or o	ther place)	Ceme	tery	•	6/14 Ba	ltim	ore.N	aryland
	21. SIGNATURE OF FUNERAL SA				22.	NAME A	ND ADDRE	SS OF FA	CILITY			
	Gary L. Kaufman Funeral Homes Gary L. Kaufman Funeral Homes 5695 Main St. Elkridge, Maryland 2										04000	
\dashv	//	apull										21227
	23. PART I. Enter the disease ahock, or heart	fellure. List only one	hat caused the decause on each line	eeth. Do i	not enter	the mo	de of dy	ing, auc	h ea cardiac or respi	iratory ar	reat,	Approximate intervei Between
	IMMEDIATE CAUSE (Final										Onset and Death	
1	disease or condition resulting in death) a. ALDIOPULMONARY ARREST											
1	in the second second	DUE	TO (OR AS A CONSE	OUENCE O	F):	_		-	-0			
Z	Sequentially list conditions	6 L	TO (OR AS A CONSE	FRC	OP							
CERTIFICATION	if any, leading to immediate	DUE	TO (OR AS A CONSE		- 40				1 60			
2	cause. Enter UNDERLYING CAUSE (Disease or injury	2	200	Pul	- 81	1801	WS		P (4) 1	-	DI	
E	that initiated events	DUÉ	TO (OR AS A CONSE	QUENCE O	F):					0	1	11
8	resulting in death) LAST	d										
	PART II. Other aignificent c	anditions contribution	to death but not		In Ab	- d - d - f -						
EDICAL	PART II. Other algrimicent C	onditional contributing	to death but not	resulting	in the u	nderiyin	g cause	given in	Part i. 24a. WAS AN PERFOR			WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
ă									1 _ YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
뿔	<u> </u>											1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?						ACE OF D	EATH (Ch	eck only one)			
Š	1 TYES 2 TO NO	HOSPITAL:	2 ER/Outpetient :	DOA	4 Nur		6 5 A	esidence	8 Other (Specify)			
到	27. MANNER OF DEATH	28e. DATE	OF INJURY , Day, Year)	28b. TIN	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW II	NJURY OC	CURED	
BY F	1 Natural 5 Pend	ing tigation	, Day, rear)	lin.	JURY M		YES 2 [□ NO				
2 Accident investigation 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)									oute Number.			
9 1	29e. CERTIFIER	IC BUYERSIAN, To the board				V3			154			
₹ I		FYAMINED On the best										
8	The state of the s	EXAMINER: On the basis of	r examination end/or	Investigation	on, in my o	pinion, d	leath occu	red at the	time, date end place, en	d due to ti	he ceuse(s)	end manner ee stated.
ш	290. SIGNATURE AND TITLE OF	CERTIFIER	11	/			29c. LIC	ENSE NUM	IBER	29d. DAT	E SIGNED ((Month, Day, Year)
10 B	XX	151	1	1			1	133	215	•	061	111/93
F	30, MACHE AND ADDRESS OF PER	SON WHO COMPLETED C	AUSE OF DEATH (ITE	M 27) Nov	. Print)	· ·	20125201				tion	
	Dr. Thompson,	2000 0'Del	l Ave.,	Balto	., M	d.	2123	37				
	31. DATE FILED (Month, Day, Year)	7	RAR'S SIGNATURE									
10	JUN 1 6	1993 Gul	a Davidson-1	Pandel	20							

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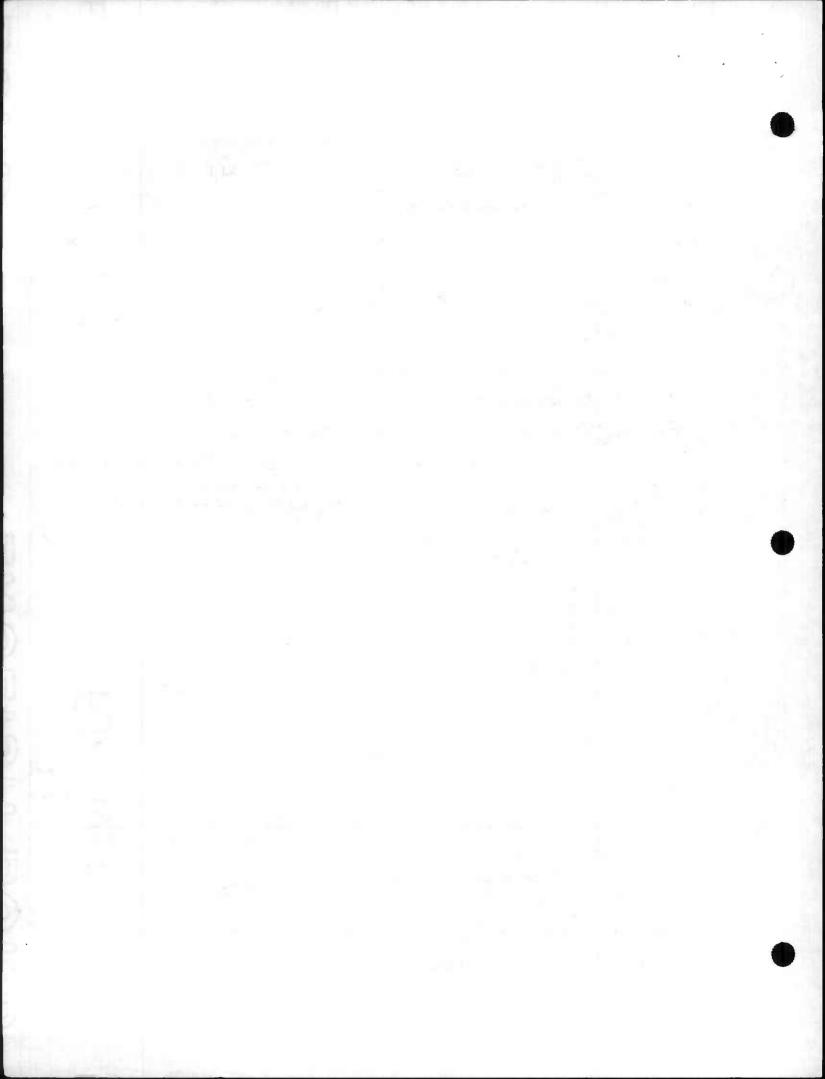
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DHMH-15 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR	CERTIFIC	ATE OF DEATH		REG. NO.							
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE-OF		YEAR 1	IME OF DEATH	P				
	Eugene F De Ba	.vgh		VUN	e 14,199	13 7	1.45	М				
			FUNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.		Day, Year)	Country)	E (State or Foreig	n				
	98. FACILITY NAME (If not institution, give street end number)	63	a. CITY, TOWN OR LOCATION OF I	DEATH C		Y OF DEATH	LANO					
TOR	DULANEY TOWSON NURSING HOME TOWSON BANTMORE											
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
ā	MARYLAND BALTIMORE		PARKVILLE				LIMITS? YES 2 NO	,				
FUNERAL DIRECTOR	1813 BRIARCLIEF ROA	0	10f. ZIP CODE	4	10g. CITIZE	OF WHAT	COUNTRY?					
5.	11. MARITAL STATUS 12. WAS DECEDENT E		13. WAS DECENDENT OF HISPA			4. RACE — A Black, Wh	American Indian,					
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 242 NO Specify:												
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION done during most of working	18b. H	CIND OF BUSINESS/INDU	STRY	11					
	Elementary/Secondary (0-12) College (1-4 or 5 +)	ilfe. Do NOT use re	etred.)									
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S N	IAME (First, Mic	ddle, Maiden Surname)							
BE C	HARRY H. DEBAUGH	+	10	Liga	A. LAR	ROLL						
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rura	l Route Number	r, City or Town, State, Zip C	(ode)						
	FAMILY KECORDS	2		BOVE								
	20e. METHOD OF DISPOSITION 13 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Of Cometary, crematory or CLACO		DATE 6-17	PARKVU	3	arylan					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF E	PET OF	nemori:							
- 1	23. PART I. Enter the diseases, or complications that c		2800 HARF	080	ROAD - PA	Rkvi	44					
NO	Sequentially list conditions 6.	R AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	R AS A CONSEQUENCE OF):										
E I	resulting in deeth) LAST											
ايا	PART II. Other eignificent conditione contributing to de	eth but not resulting in	the underlying ceuse given i	n Part I.	24e. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FIND					
DICAL					1 TES 2 MO	COI	MPLETION OF CAU DEATH?					
ME						1	YES 2 NO					
Ë												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (
PHYSICIAN:	1 YES 2 1 1 Inpetient 2 E		DF 28c, INJURY AT		(Specify) CRIBE HOW INJURY OCCU	JRED						
BY PI	1 Pending (Month, Day. 2 Accident Investigation	Year) INJUR	WORK? M 1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	INJURY — At home, farm, stre c. (Specify)	eet, factory, office	281. LOCA City or	TION (Street and Number of r Town, State)	or Rural Route	Number,					
1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	y knowledge, death occurred	at the time, date and place, end d	ue to the caus	se(e) end menner as state	d.						
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of exer	nination end/or investigation	in my apinion, death occured at t	he time, date a	and place, end due to the	cause(e) en	d manner ee stat	ed.				
BEC	290. SIGNATURE AND TITLE OF CENTIFIED	- Cull	PSC LICENSE N	UMBER 030	29d. DATE	SIGNED (MI	rith, Day, Your)					
2	30. NAME AND ADDRESS OF PERSON WHO: COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P.	rint)	00		1/9	172	16				
	Charles FO Connel		Harpythous	2-1	11 Handel	Hill	12/3/	2/				
0	31. DATE FILED (Month, Day, Year) . 32. REGISTRAR	» SUNTATURE	1									
4	111N 1 6 1993 Filia Van	de la constantina della constantina della consta										

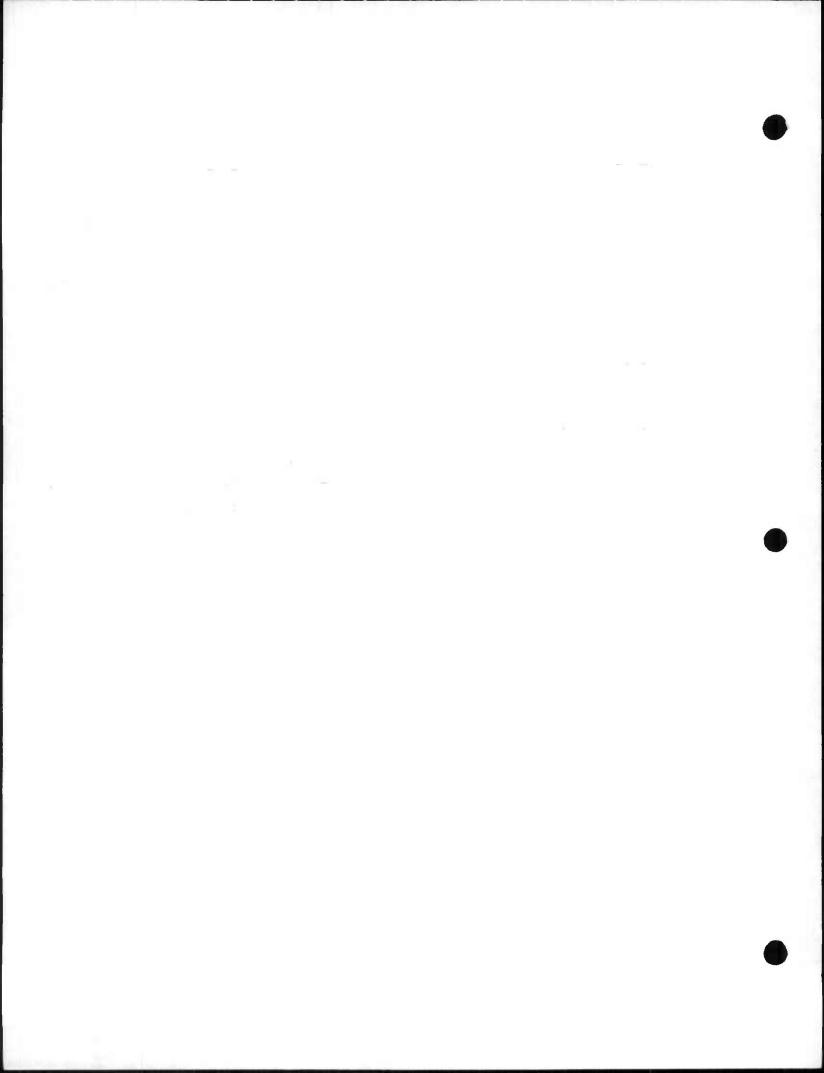


retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

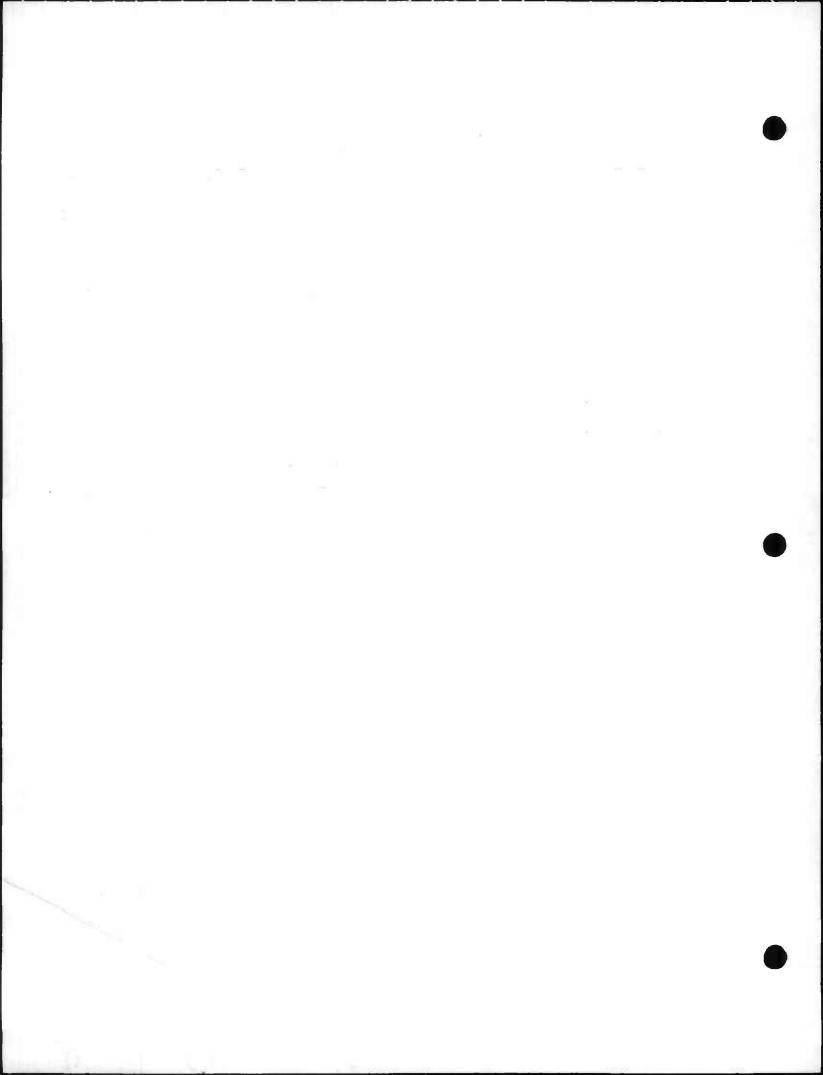
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	AN:	tifica	e St	=
	Sici	Cer	th th	d, o
	F	this	3 with	ex-
	SNI	After	leath	E
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	ter c	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	A	EGI	rs at	n 2
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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	CERTIFICATE	OI	F DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		1 7 7 1 600				
0	1. DECEDENT'S NAME (First, Middle, Last)	Frank Ca	rmen Bor	ıa		2. DATE OF DEATH DATE	4 1993	3. TIME OF DEATN 7:25 A M				
	214-22-7779	Ø M 2 □ F 6	yrs. lest birthdey) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 20 - 192	Cou	THPLACE (State or Foreign intry) Maryland				
TOR	9a. FACILITY NAME (If not institution, give street 7578 IVES Lane											
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimore	10e. CITY	dalk	10d. INSIDE CITY LIMITS? 1 YES 277NO							
FUNERAL	100. STREET AND NUMBER 7578 IVES Lane			101	ZIP CODE	ted States						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DATE MOULD A	2 NO	II yes, spi	ENDENT OF NISPAI Icity Cuban, Mexica 2 X MIO Specif	NC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	Di	CE — American Indian, sck, White, etc.				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY												
N N	G.E.D. 17. FATHER'S NAME (First, Middle, Last)		Mercina	un marc				rnational				
	Joseph Bona					ME (First, Middle, Meiden Baroni	Sumame)					
TO BE	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural i	Route Number, City or Tow		222				
	Mrs. Regina A. Bo					alk, Maryl		222				
	1 Burtal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State comp	THE AND BATEO	F DISPOSITION (Na Ner place) SCIVICE	Corp. 6/	15/93 TO	wson, M	aryland				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	toly	/	7922	Wise Au	neral Home enue Duna	lalk. Ma	dalk, Inc. ryland 21222				
ATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lig iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A O	CONSEQUENCE OF	ARCINO METI		gflun		Approximate Interval Between Onset and Death Z mos				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	RES PIRATO DUE TO (OR AS A C	CONSEQUENCE OF	(Res 1								
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting in	n the underlying	cause given in	Part i. 24a. WAS AN PERFOF	RMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)						
IYSI	1 VES 21 NO 1	☐ Inpetient 2 ☐ ER/Outpe		4 - Nursing Hom		8 Other (Specify)						
ву Рн	27. MANNES OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	JRY AT RK? 'ES 2 NO	28d, DEŞCRIBE NOW I	NJURY OCCURED					
28e. PLACE OF INJURY — At home, farm, street, factory, office determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)												
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
86	296. SIGNATURE AND TITLE OF CENTRER 29d. DATE SIGNED (Month, Oby, Year)											
2	30. NAME AND ADDRESS OF PERSON WHO (COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)				1				
641	31. DATE FILED (Month, Day, Year) JUN 1 6 1993	32. REGISTRAR'S SIGNAT										



		FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME			MENTAL HYGII		1/4/3
		1. DECEDENT'S NAME (First, Middle, Last)	Dora M. Bro	own			2. DATE OF DEATH MONTH	73 1993	3. TIME OF DEATH
pinc	33	4. SOCIAL SECURITY NUMBER 244 to 30 to 5478 90. FACILITY NAME (If not institution, give st	1 □ M 2XXF 83	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year, 7 = 16 = 19)	99 No	IRTHPLACE (State or Foreign punity) Orth Carolina
2, 3 should	ECTOR	Francis Scott Kei		- 1		imore Ca		Sc. COUNTY O	IF DEATH
permit. Pages 1.	DIR	10a. STATE 10b. COUNTY Maryland	Baltimore	10c. CITY, TOW	N OR LOCA		emere		10d. INSIDE CITY LIMITS? 1 YES 2 NO
isi	FUNERAL	100. STREET AND NUMBER 2520 South Snyde	Avonuo		10	. ZIP CODE	21 21 9		ited States
MARYLAND 21215-0020 s retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 1 NO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No— 14. F	HACE — American Indian, Black, White, etc. Specify: White
or attend	ETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 Completed) College (1-4 or 5 +)	Ba. DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	one durina ma	DN ist of working	16b. KIND OF	BUSINESS/INDUSTR	
MARYLAND 21. retained by the hospital or 5 should be detached for u	COMPLET	NOT KNOWN 17. FATHER'S NAME (First, Middle, Lest)		Seamstr	ess			ing Facto	iry
YLA by the be de	TO BE CO	Alexander G. McCa	rllum			Anna l	AME (First, Middle, Maid 10stal.	len Surname)	
MAR retained 5 should notified		19a. INFORMANT'S NAME (Type/Print) Mr. Mason S. Brou				and Number or Rural	Poute Number, City or Penue Edge		
Page 6 may be al director, page		20e. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 Remo	20b, PL	ACE AND DATE OF DIS	POSITION (Na	ame of	DATE 20c.	LOCATION — City o	r Town, State
ALTIMOR death. Page 6 m funeral director, xaminer must		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	EMSEE /	ry cometon protected	Mem.	oans. C	0/16/93 MOILITY	madle k	idalk, Inc.
. 0 = -		hed N-Z	tol		7922	Wise Au	enue Dur	idalk. Ma	idalk, Inc. vryland 21222
in 24 hours by filled in thation, or re-		23. PART i. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on each	almotro		de of dying, suc	ch as cardiac or re	spiratory arreat,	Approximate interval Between Onset and Death
P.O. BOX 687(th certificate be executed ending physician and con il Hygiene prior to bunal, or other traumatte ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	Chy Dru	<u>۸`</u>				Ywh.
RECORDS, requires that the desen signed by the all of Health and Ment shows any injury.	MEDICAL	PART II. Other significant conditions	contributing to death but	not resulting in the	underlyin	g cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
12 ce 8 a E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTL	26, PI	ACE OF DEATH (CI	neck only one)		
ICIAN:	HYSI	1 YES 2 HO	1 Inpatient 2 ER/Outpatie				6 Other (Specify)	W INJURY OCCURE	
JON OI NDING PHYS I: After this or r death with Is marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	YRULNI	1 1 .	PRK? YES 2 NO	asu. DESCRIBE NO	W MOOK! OCCONEL	,
S # B # S	8	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	fectory, offic	•	261. LOCATION (Stree City or Town, Sta	et and Number or Ru ste)	rel Route Number,
	COMPLET		CIAN: To the best of my knowledge: On the basis of examination ar						se(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	2 -			29c. LICENSE NU		29d. DATE SIGN	NED (Month, Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		030	2221	6/	(4/97
	6	31. DATE FILED (Month, Day, Year) JUN 1 6 1993	32. REGISTRAR'S SIGNATU	RE Andell					



	_	1 - STATE REGISTRAR	OINTE OF MAILTE	CERTIF	ICATE OF	DEATH	REG. NO.		
	į.		N mm	UMMINGS			JONE OF DELTZ		2 SS P
P		4. SOCIAL SECURITY NUMBER 213-62-6418	1 M 2 K F 2	(In yrs. in to rithday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan. 2,1	954 M	BIRTHPLACE (State or Foreign Country) [aryland
2, 3 should	TOR RO	90. FACILITY NAME (If not institution, give s Sinai Hospital			Baltin	OR LOCATION OF D	DEATH	9c. COUNTY	OF OEATH
Pages 1,	DIRECTOR	residence of decedent 100. STATE 100. COUNT Maryland	Y		TY, TOWN OR LOCA				10d. INSIDE CITY
mit.	64	100. STREET AND NUMBER		ра	ltimore	f. ZIP CODE		T 10- CITIZEN	1 X YES 2 NO
	NERA	3508 Spaulding	g Avenue			1215		U.S.	
MARYLAND 21215-0020 retained by the hospital or attending in received 5 should be detached for use as the nutral in nutrilled at once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR DR D		If yes, sp	CENDENT DF HISP/ pecify Cuban, Mexic 5 2 X ND Spec	ANIC ORIGIN? (Specify Yea can, Puerto Rican, etc.) ify:	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: Lack
r attend	ē	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEOENT'S	USUAL OCCUPATION OF	ON pet of working	16b. KIND OF BUS		
O 21	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Packe	work done during mose retired.)	oat or worning	Seton	T J	A 2 - 1
the hospital detached for	COMPLET	17. FATHER'S NAME (First, Middle, Last)		racke		18. MOTHER'S N	AME (First, Middle, Meiden		triai
RYL Eld be	ut	Irvin Lee Watk	ins				ne Holmes		
MAR retained 5 should	5	199. INFORMANT'S NAME (Type/Print) Renee Lewis					Route Number, City or Town		, MD 21218
h. Page 6 may be eral director, page		26a. METHOD OF DISPOSITION 1-1 Burlel 2 □ Cremetion 3 □ Rem	comi from State	b. PLACE AND DATE	OF DISPOSITION (NE		DATE 296 LO	CATION - City	or Town, State
MO age 6 I		4 Donation 5 Other (Specify)		netery, cremetory of	EMBRU	AL PAR	K6/7/NA	nd411	stom bod
deat deat		- Slova Ced	and for	13	Mars 4101	Edmond	Jones,	Jr. Fu	uneral HM P. o. MD 21229
urs aft in by r remo		23. PART i. Enter the diseases, or cehock, or heert fellure.	complications that cause Liet only one cause on a	ed the deeth. Do	not enter the mo	ode of dylng, su	ch as cardiec or respi	ratory arrest,	Approximate Interval Between
the file		IMMEDIATE CAUSE (Finel disease or condition	D.		0				Onsat and Death
760, ad withii omplete i, crem.		resulting in death)	bue to influs	A CONSEQUENCE O	p: Jeg	Marca	<u> </u>		
68 ecute and co buria	1 1	Sequentielly list conditions,	METRO	THE	Brens	+ Ca			
or to or	CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEGUENCE D	· ,.				
Spiene P	崖	that initiated events resulting in death) LAST	OUE TO (DR AS	A CONSEQUENCE O	P):				
the death of the attend of Mental H. Injury, or		DART II ON THE STATE OF THE STA	d						
OKDS, that the despet of the properties of the p	MEDICAL	PART II. Other significent condition	e contributing to deeth t	but not resulting	in the underlying	g cause given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
Sign sign Sign Sign Sign Sign Sign Sign Sign S	MED						1 🗆 YES 2	No	DF DEATH?
3 2 5 6									
N: The Is ficate has State De Item 2	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	andlest 2 DOA	OTHER:	ACE OF OEATH (C			
DE VIII PHYSICIAN: The this certificate with the State Med, or item		27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIA	E DF 28c. INJ	He 5 ☐ Residence	6 Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCURE	EO
After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 NO			
OIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State I them 28 is marked, or item	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — Al home, ferm, ocify)	street, factory, offic	•	281. LOCATION (Street e City or Town, State)	nd Number or R	ural Route Number,
보 기 기 기	1 = 1		CIAN: To the best of my know R: Dn the bagis of examination						use(e) end menner se stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	H H	290. SEGNATURE AND TITLE OF CENTIFIES	K-	PA	1·cism	29c. LICENSE NU	-der-	29d. DATE SIG	GNED (Month, Day, Year) hy (2.93
	욘	38. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	, Print)	<		,	
		31. DATE FILEO (Month, Day, Year)	321 REGISTRAR'S SIGN	TUZIC.	1000		Jran 1	Deb. h	× L
		JUN 1 6 1993	Julia Davidson	-Adadese					

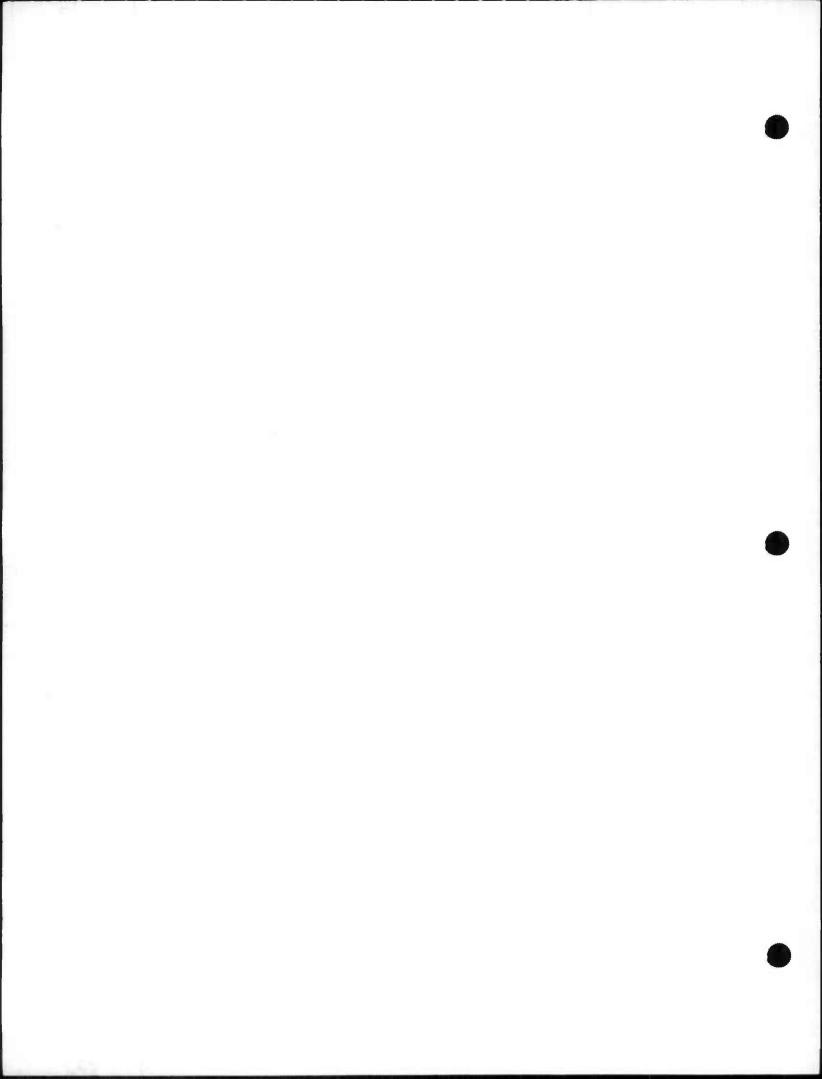
THE WARTH ON ATTENDING PRESIDENT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE WHETHL DIRECTOR ALE THE certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not after the certificate has been signed by the attending physician not burial, cremation, or removal.

PORTANT II ham 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce		TMEN				MENT/		E	
1. DECEDENT'S NAME (First, Middle	(Last)		-71111	IOAII	_ 01	DEA	<u> </u>	2. DAT	REG. NO.		3. TIME OF DEATH
JOSEPH	EAI	RT.	$C\lambda$	RTER	>			6			YEAR
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER	24 HRS.	-	L OF BIRTH	777.0	993 4:00 P
219-86-6841	1 🔀 M 2 🗆 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.		oth, Day, Year)		Country)
90. FACILITY NAME (If not institution	, give street and number)			9h, CITY	TOWN C	R LOCATI	ON OF D		0-26-64		MD Y OF DEATH
STREET-1800	Blk. WEST	WOOD AV	ENU			LTI			ITY	Sc. COOM	T OF DEATH
STREET-1800 RESIDENCE OF DECEDE 10a. STATE MD 10b. 0	NT					_					
10a. STATE 10b. (COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
			Ba.	ltimo	re						LIMITS?
100. STREET AND NUMBER					101	ZIP CODE	E			10g. CITIZE	N OF WHAT COUNTRY?
Tradewind	Circle					21	230			U.	S.A.
100. STREET AND NUMBER 73 Tradewind 11. MARITAL STATUS		IT EVER IN U.S. ARI							IN? (Specify Yes	or No — 14	4. RACE — American Indian, Black, White, stc.
Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	Ю			ZXXNO			Rican, stc.)		Black, White, atc. Specify:
	1					2121				ļ	Black
15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	160. DE(CEDENT'S	Work done se retired.)	CCUPATIO	N st of workin	a	16	b. KIND OF BUS	INESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	Do NOT u	se retired.)							
(Specify only highest (Specify only highest		Ba	ackte	ender							x Company
17. FATHER'S NAME (First, Middle, La									Middle, Maiden		
Joseph E. Cart									B. Brya		
190. INFORMANT'S NAME (Type/Prin	•								nber, City or Town		
Gwelldolyll Calt	.er						e./B	Balti	more,	Maryla	and 21223
20a, METHOD OF DISPOSITION 1 M Buriel 2 □ Cremetion 3 □	Removal from State	20b. PLACE A cemetery, crer			ITION /Na	me of		OA.	TE 20c. LO	CATION — CIT	ty or Town, State
4 Donation 5 Other (Specify		Garri	son	Fore					Owi	nas M	ills, MD
21. SIGNATURE OF FUNERAL SERV	CE LICENSEE			22.	NAME AN	D ADDRES	SS OF FA	CILITY			
toran	c: 1/2	2		WM	I.C.N	IARCH	F.	H./1	101 E.	NORTH	AVENUE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSECUTION AS	UENCE O	F):	SUN	SHOT	w	טטט	000	CLASST	Onset and Deat
PART II. Other eignificant con	ditions contributing to	daeth but not re	eaulting	in tha un	derlying	cauae g	liven in	Part I.	24a. WAS AN A PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TXXYES 2 \(\square\) NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X XES 2 NO 27. MANNER OF DEATH	HOSPITAL:			OTHER		ACE OF DI			-		
1 XXES 2 NO	1 🗆 Inpatient 2 🗆		□ DOA	4 Nurs	ing Home	5 🗆 Re	sidence	6 A Oth	er (Specify)	PUBL:	IC STREET
27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF (Month, Di	INJURY ey, Year)	26b. TIM	E OF JURY 5 OM	28c. INJU	3K? _		28d. DE	SCRIBE HOW IN		
2 Accident Investig	ation					ES 2 🖸	Хио		SUBJE	CT SI	HOT
3 Suicide 6 Could n	building,	F INJURY Al hon atc. (Specify)						261. LOC City	CATION (Street el	nd Number or	Rural Route Number,
		PUBLIC	ST	REET				1	3 \L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	KRWE:	STWOODARYEN
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(e) end menner ee stated.											
						29c. LICE					HGNEO (Month, Day, Year)
OCME 14 1000											
30. NAME AND ADDRESS OF PERSO	A	SE OF DEATH (ITEM			20+				co Ma		
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	CIIII	SLI	cel	, 50	alt.	тию1	e, Ma	тата	nd 21201
IIIN 1 c 1993	July Davidson	- Randell									



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BALTIMORE, MARYLAND 21215-0020	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training	or removal.
	24 h	filled	OU.
ISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within a	te has been signed by the attending physician and completely	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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J.	YSIC!	is cen	ith th
Z	FG PH	ter th	ath w
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		·	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMEN	T OF H	EALTH DEAT	AND M	IENTAI	L HYGIEN		1	/4/0
			1. DECEDENT'S NAME (First, Middle, Last)	1							2. DATE	OF DEATH		EAR 3.	TIME OF DEATH
			LAURA	V. CH	ATME	10					1	NE 12	1993	SAN	0:02 PM.
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE (Month	OF BIRTH) B.	Country)	NCE (State or Foreign
2			280 32 3104	1 ☐ M 2 🔀 F	88	YRS.		CMITO	HOOKS			11.19	10 F	2002	YLYAN'A
3 should		~	9a. FACILITY NAME (If not institution, give st	- 1			9b. CITY	, TOWN C	R LOCATI	ON OF DEA	TH	,	9c. COUNTY	Y OF DEAT	н
2, 3		P	RESIDENCE OF DECEDENT	IAN HO	SPITAL		BI	TLE	mak	RI					
1	1	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
(3	- 23	<u>=</u>	MARYLAND BALT	imars			PA	RNE	Y					1	LIMITS?
	39	A	10e. STREET AND NUMBER		^		,-,,		ZIP CODI	E			10g. CITIZE	N OF WHA	T COUNTRY?
an an		FUNERAL	3414 EAST 3	DOPPA	KORO				21	234			()	. Z.F	9.
020 physician. burial-tran		2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT C	OF HISPANIC	C ORIGIN	? (Specify Yes	or No 14	RACE	American Indian,
fing phi		BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V					27 NO		r dello i	mount, erto.)	,	Specify:	1114, 616.
21215-0020 al or attending physic for use as the burial		60	16. DECEDENT'S EDUC	ATION	16e. D	ECEDENT'S	USUAL O	CCUPATIO	M		165	KIND OF BUS	I (IKW	13
212 or at			(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind of e. Do NOT u	work done	during mo	st of working	ng	100.	NIND OF BUS	SINE SS/INDUS	FIRST	
		립	8 YRS.	00.0000		RTJ	Hor	15			1				
AND 21215-0 the hospital or attending detached for use as the	once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAM	E (First, A	Aiddle, Meiden	Surname)		
Y L	7	ш	KELP - H. 3	ANDER	FIZR	inb			Wi	LZHI	MA	Anil	ALRS	1725	A BROWN
MARYLAND retained by the hospit should be detached	notified	TO B	19e. INFORMANT'S NAME (Type/Print)		11	96. MAILING	ADDRES	S (Street e.	nd Number	r or Aurel Ro	ute Numb	er, City or Town	n, State, Zip Co		
- 2 2	be no	-	FAMILY KICO	205		2	AC	5 F	15	ABO	VS				
ORE 5 may tor, pa	must		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	val from State	cemetery, cr	AND DATE	ther place.	SITION (Na	me of	ı.	OATI	60	CATION - CH	y or Town,	State
LTIMOR ath. Page 6 ma	E		4 Donation 5 Other (Specify)	ENSEE V	- IT DR	SLAG	101)5M	TAR	K	1 93	STIAR	KVIL	1/3	ARYLAND
BALTIMORE, after death. Page 6 may be by the funeral director, page	or removal. medical examiner)			5	VAN	S CH	SS OF FACE	OF	URW	ORILL	,	
BA fter de	oval.	_	Thanks 42	hous /	1		8	800	HAF	RFOR	0 6	COAO.	- HAR	WILL	5
	r removal		23. PART I. Enter the diseases, or c shock, or heart failure. I	omplicationa the lat only one car	t caused the d	eath. Do i	not enter	the mo	de of dyi	ing, such	aa cerd	liac or reapi	ratory arres	t,	Approximata interval Between
24			IMMEDIATE CAUSE (Finel disease or condition			0					_	4 -	5 0		Onset and Death
	i, cremation, event, the		reaulting in death)	. OU	(OR AS A CONSE	, <u> </u>	ne	rev	lun	e he	ron	FU	uluy	-	- Mundey
caecuted within	· 5	- 1		Le.	OH AS A CONSE	OUENCE U	"	- 7	0	,					20
X 6	Da pa	CATION	Sequentially list conditions, if any, leading to immediate	OUE	(OR AS A CONSE	OUENCE O	F):	an		reor					Lyon
BOX	giene prior to buri other traumatic	S	cause. Enter UNDERLYING CAUSE (Disease or Injury												
O. B(certificate ding physi	giene Other	RTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):								
O # 5	후	ш	resulting in death) CAS:												
DS, the deat	any Injury,	L C	PART ii. Other aignificant conditions	contributing to	deeth but not	reaulting	in the ur	nderlying	ceuse g	given in P	art I.	24s. WAS AN		24b. WE	FIE AUTOPSY FINDINGS
RECORDS requires that the doten signed by the a	any and	DICAL										PERFOR		co	MPLETION OF CAUSE
RECO v requires th	shows an	ME			-								25110	1	DEATH?
>	Sh of										-				
VITAL IAN: The fam tificate has	State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Chec	k only on	0)			
F VIT	the State	YSICI	1 ☐ YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2>	ER/Outpatient	3 🗆 DOA	4 Nur		5 🗆 Re	raidence 6	☐ Other	(Specify)			
OF PHYSIC this cer		F	27. MANNER OF DEATH	26e. DATE OF (Month, D		26b. TIM INJ	E OF URY	28c, INJU	JRY AT	1	28d. DE\$	CRIBE HOW I	NJURY OCCUP	TED	
ON DING PI	death with	À	1 Natural 5 Pending Investigation				M		ES 2	NO NO					
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h			3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY At he etc. (Specify)	ome, larm, i	street, fect	ory, office	1	1	City o	ATION (Street a or Town, State)	and Number or	Rural Route	Number,
DIVISION OR ATTENDING F	hours after Item 28	<u> </u>				_									
TALC		COMPL	(Check only												
HOSPITAL	within TANT:	8	2 MEDICAL EXAMINER	. On the basis of e	######################################	investigatio	n, in my c	pinion, de				end placa, an			
물 물	E E	H H	296. SHOMATURE MED TITLE OF CENTIFIER	7	100				100	INSE NUMB			20d. DATE S	IGNED (Mo	nth, Dey. West
22	2 ₹	٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED	BE DEATH HTT	0)	Brost		P	151	47		20	V2 17	4,1993

Jane Surdon Pandell

OR Loks 5 31. DATE FILED (Month, Day, Year) JUN 1 6 1993

DHMH-16 Rev 1/89

COHEN ATHLEEN 6. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 56 1 - M 2 F 1, 2, 3 should 9b. CIZYATOWN OR LOCATION FUNERAL DIRECTOR Baltimo more 100 STREET AND NUMBER 10f. ZIP CODE nga yar 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYS 2 NO burial-tran nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF If yes, specify Cuben, BALTIMORE, MARYLAND 21215-0020 1 Never Merried 3 Widowed 4 2 🗌 YES, GIVE WAR OR DATES COMPLETED BY 1 TYES 2 NO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nous after death. Page 6 may be retained by the hospital or attending in 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of work
life. Do_NOT use retired.) (Specify only highest grade comp dary (0-12) gs. (1-4 or 5 +) her 10 17. FATNER'S NAME (First, Middle, Last) 6-BE RMANT'S NAME (Type/Print) 196. MAILING ADDRESS (S 2 rrai METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION Buriel 2 Cremetion 3 Page nation 5 Other (Specify) 2ml 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawales 170 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying ehock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disesse or condition EREBROVASCULAR resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION PHYSICIAN: MEDICAL CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART ii. Other aignificent conditione contributing to death but not resulting in the underlying cause give RHELLMATOID ARTHRITIS Preumo 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Nome 5 🗆 Resi 4 Nurs 27. MANNER OF GEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 1 Netural 2 Accident 5 Pending Investigation BY 1 YES 2 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not be determined 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, a (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BE

2

31. DATE FILED (Month, Day, Year)

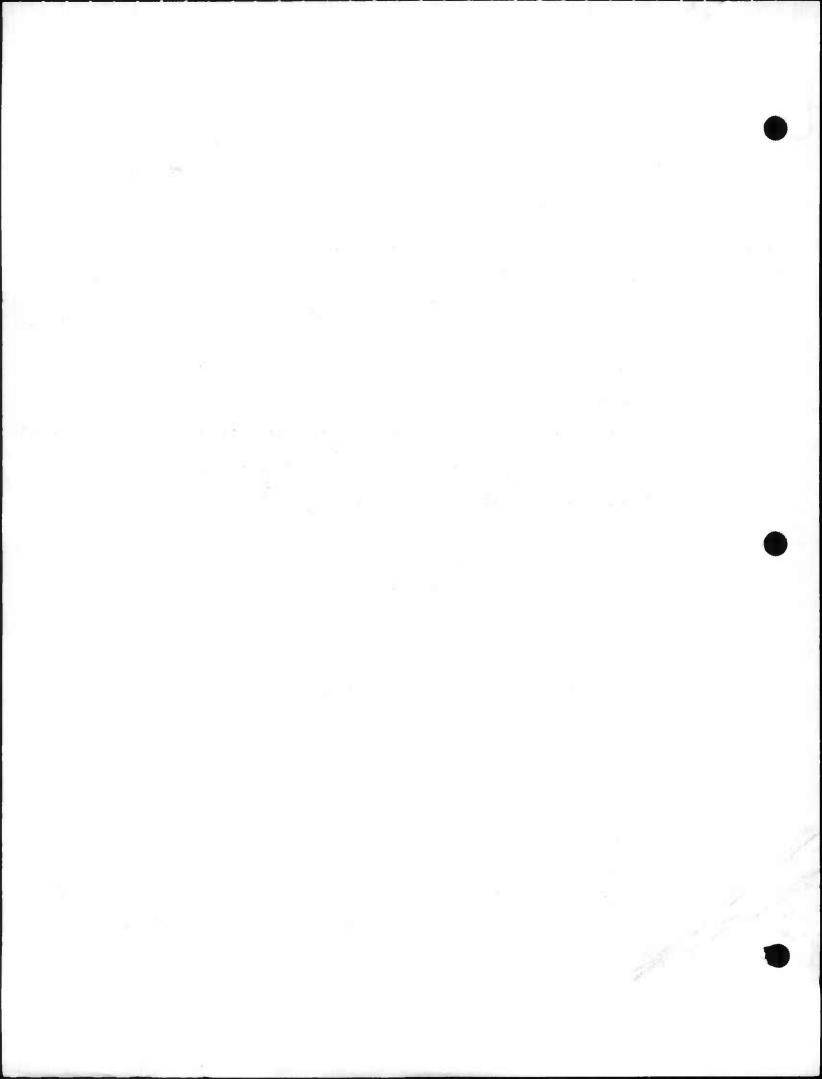
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STATE OF M			T OF HEALTH AND		GIENE G. NO.		1 / 57 /	1
G	OHEN			2. DATE OF DE	ATN DAY 14	43	3. TIME OF DEATH	м
SEX	8. AGE (In yrs. In	YRS. MONTHS	ER 1 YEAR IF UNDER 24 MRS. DAYS HOURS MIN.	7. DATE OF BIR (Month, Day,	1-98	8. BIRTNI Country	PLACE (State of Foreign	Ö.
t end number)		96. C)	25 TOWN OR LOCATION OF D	EATN	9c. COL	NTY OF DE	EATN	
		BG/7	GMORE				10d. INSIDE CITY LIMITS? 1 PYES 2 NO	
ood	5949	re	21215		10g. CIT	IZEN OF W	HAT COUNTRY?	
2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED 13	WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	en, Puerto Ricen, a	cify Yes or No	14. RACE Black Specifi	- American Indian, White, etc.	<
TION hipleted) College (1-4 or 5+	(0	. Do NOT use retired.	during most of working	16b. KIND	of Business/IN	HIO.	n	
Cohe	n	iiii	18. MOTNER'S N	AME (First, Middle, I	Meiden Surrement	SYY	-d	
hen	5	5. MAILING ADDRES	SS (Street and Number or Rural	Poute Number City	pr Town, State Zi	191	43-24=	28
I from State		AND DATE OF DISPO	0 - 2	6-21	Balto.	City or Tov	vn, State	
7 De	udar	22	NAME AND ADDRESS OF BE	cility ha	St			
CERS DUE TO (e on each line	SCULAR OUENCE OF): NSION	ACCIDENT		reapiratory sr		Approximate Interval Betwoonset and Do	reen
OUE TO (OR AS A CONSE	OUENCE OF):						
entributing to a		resuiting in the u	nderlying couse given in	AP	MS AN AUTOPSY ERFORMED? YES 2 NO		WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS DF GEATH? 1 YES 2 NO	
OSPITAL:	ER/Outpatient 3	OTHE	26. PLACE OF DEATH (Ch R: raing Name 5 - Residence	111111111111	(y)			
28e. DATE OF I (Month, Day		28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE	NOW INJURY OC	CURED		
26e. PLACE OF building, e	INJURY — At ho tc. (Specify)	eme, farm, street, fac	ctory, office	28f. LOCATION (City or Town,	Street end Number State)	or Rural Ro	oute Number,	
			time, date end place, and due opinion, death occured at the				end menner ee state	d.
Cetil	ND		290. LICENSE NUI MEDICAL H	IDUSE STA	29d. DAT	e SIGNED (Month, Day, Year) 14, 1993	
OMPLETED CAUSE	NEST BE	M 27) (You, Print) EWEDERE	GARY KERI AVE BA	VLIET, MD	210	15		
32. REGISTRAR	'S SIGNATURE							

DNMH-18 Rev 1/89



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TO THE P

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31. DATE FILEO (Month, Day, Year)

CARMOD

32. REGISTRAR'S SIGNATURE

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5	3	
-	9	
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INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy.	XIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	£
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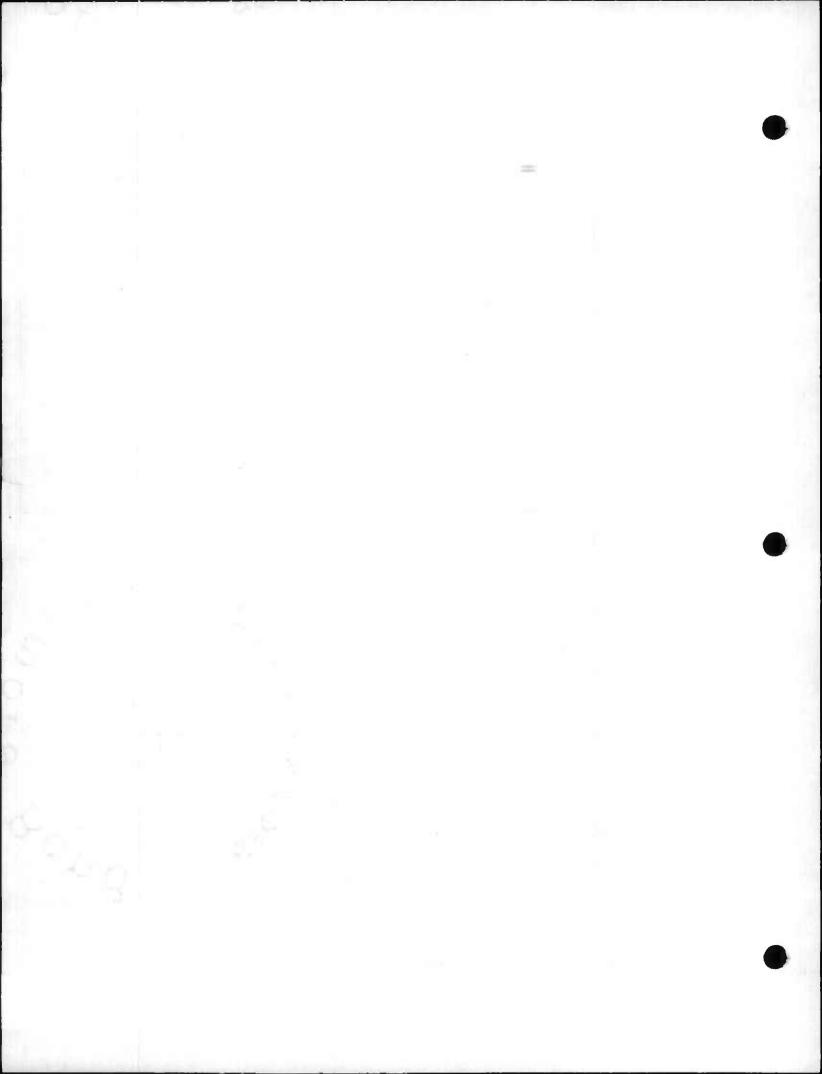
ITEM: 5. PER F.H. G-700 6/21/93 t.t 93 17478 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6029 YVENNE PATRICIA CITRANO 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1.M 2 K F 216-12-2164 71 YRS. 3/18/22 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FUNERAL DIRECTOR St. Joseph Hospital Baltimore Towson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X YES 2 □ NO 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 1341 Gittings Avenue 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 😾 Married Specify: 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade

17. FATNER'S NAME (First, Middle, Last) Telephone Operator Telephone Co the medical examiner must be notified at once. 16. MOTNER'S NAME (First, Middle, Maiden Surname) John T. Keefer BE Lucy Romia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1341 Gittings Avenue Joseph V. Citrano Baltimore, MD 21239 20a. METNOD OF DISPOSITION
1 Special 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Dulaney Valley Memorial Gar. 6/12/93 Cockeysville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home · Christina 8521 Loch Raven Blvd. Towson, MD 21286 23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such ea cardiec or reepiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) CEREDRAL HEMCRESES 12-18/11 injury, or other traumatic event, HYPAR TENSICA CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE OF DEATH? 1 | YES 2 -HC 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 Residence 8 Other (Specify) 28 is marked, or 27. MANNER OF CEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, 1srm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Nomicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI TO THE WITHIN 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER
(Chack and)

1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the firms, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) MD Lormods DUN 8 199 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Ten 27) (Type, Print)

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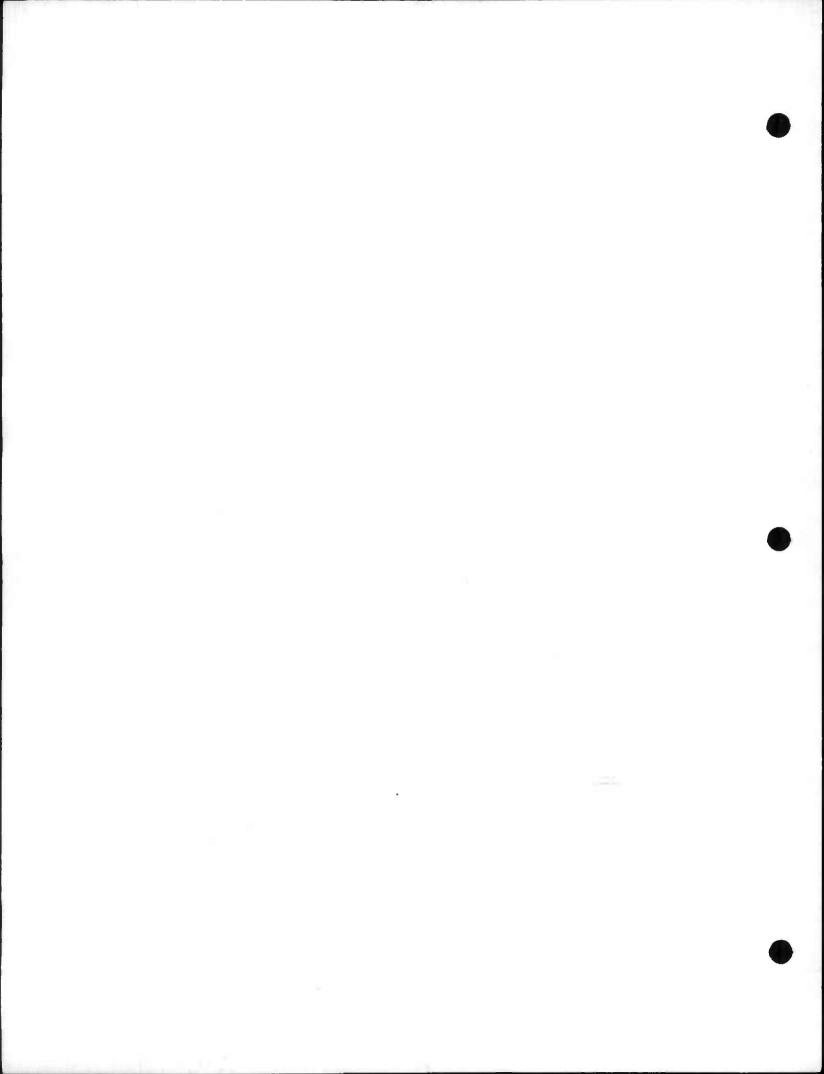


ACSPTAL OR ATTENDING PHYSICIAN: The law requires that the beatt certureare be executed when it is not a completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine thin the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. AGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

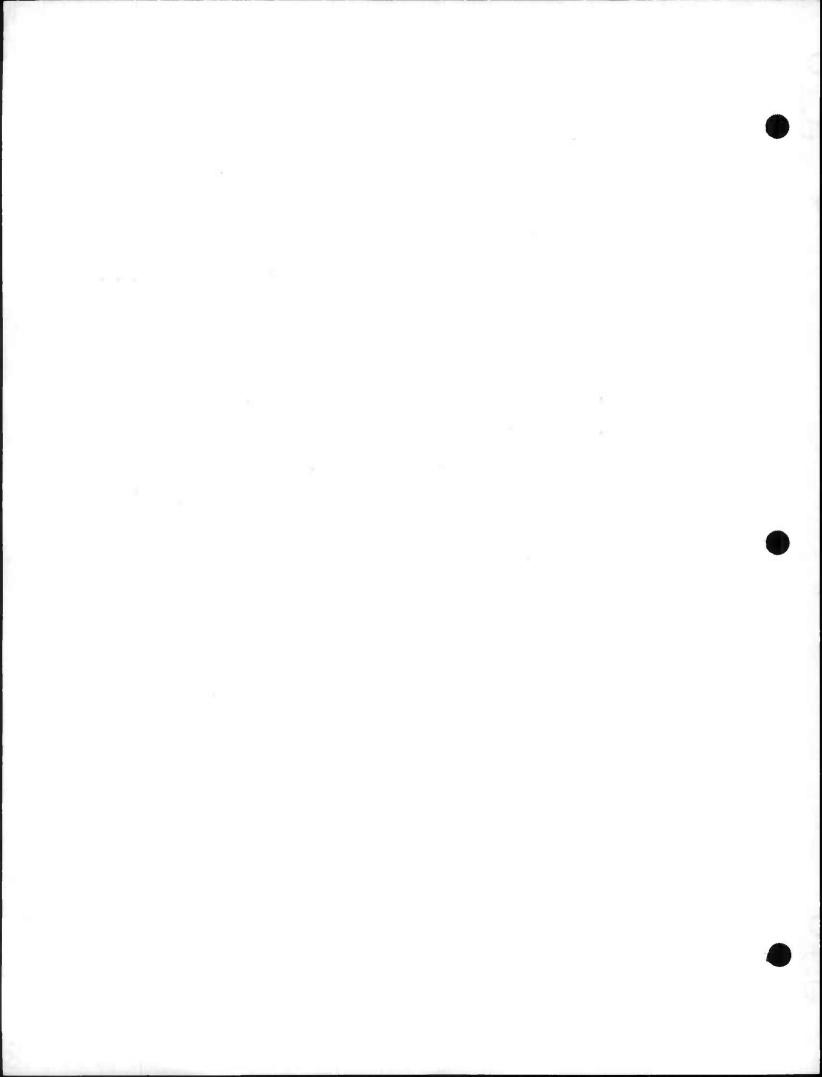
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMENT OF I	HEALTH AND	MENTAI	HYGIEN REG. NO			1 1 2 1 3
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	CHARLES	WILLIAM		DOR	SEY	0 6	11	19	YEAR 93	7:42 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		B. BIRTH	PLACE (State or Foreign
	220-50-3232	1 x M 2 □ F 42	YRS.	MONTHS DAYS	HOURS MIN.		, Day, Year) 17–50		Country	MD
. 3	9e. FACILITY NAME (If not institution, give at	reet and number)		96. CITY, TOWN	OR LOCATION OF		., 50	9c. COUNT	TY OF DE	
DIRECTOR	333 E. 28TH S	TREET.		BALTI	MORE C	ITY.				
2	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	MD		1	Baltimor	е					1 X YES 2 NO
Ĭ¥.	10s. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
Ü	333 E. 28th Stree				21218			11	S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2	ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN	7 (Specify Yes		4. RACE	- American Indian, White, etc.
BY	1 XX Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	140	1 TYES	ecity Cuben, Mexic 2 XNO Spec	an, Puerto F ify:	tican, etc.)			
									BT	ack
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of	Work done during me	ON ost of working	16b.	KINO OF BUS	SINESS/INDU	STRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	ife. Do NOT u	se retired.)		- 1				
COMPLET	llth		Jnemp.	Loyed						
응	17. FATHER'S NAME (First, Middle, Last)	C			16. MOTHER'S N	AME (First, N	fiddle, Meiden	Sumeme)		
BE	Charles Dorsey,				Anna B					
0	19e. INFORMANT'S NAME (Type/Print)	1		ADDRESS (Street e						
-	Anna Dorsey		333 I	E. 28th	Street/B	altim	ore, I	Maryla	and	21218
	20e. METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3 □ Remo	20b. PLACE	E AND DATE	OF DISPOSITION (No	ame of	OATE		CATION - CI		
	4 Donation 5 Other (Specify)	Garr	rison	Forest	Va. Ceme	tery	Ow:	ings M	1111	s, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AI	ND ADDRESS OF F	ACILITY				
	23. PART I. Enter the diseases, or c	2/140	7		MARCH F					VENUE
7	IMMEDIATE CAUSE (Final	a. NARCOTIC INTOXICA OUE TO (OR AS A CONSI	TION	<i>→</i>						Approximata interval Batweet Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI								
MEDICAL C	PART II. Other algnificant conditions	contributing to death but not	resulting	in the underlying	g ceuse givan ir	Part I.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_				1 YES 2 NO
Ž										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)			
YSI	1X YES 2 □ NO	1 Inpatient 2 ER/Outpatient	3 🗆 DOA	4 Nursing Hom	e 5 Recidence	8 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	2Se. DATE OF INJURY (Month, Day, Year)	2Sb, TIM	E OF 28c. INJ	URY AT	28d. DE\$	CRIBE HOW II	JURY OCCU	RED	
BY	1 Netural Sending 2 Accident Investigation	FOUND: 6-11-93	UNK.		YES 2 () NO	UNKNOW	JN			
	3 Sulcide 8 XX Could not be	28e. PLACE OF INJURY At h building, etc. (Specify)	nome, ferm, s	street, factory, office	•	28f LOCA	TION (Street a	nd Number or	Rural Ro	oute Number,
	4 Homicide determined	FOUND AT	HOME				MORE M			STREET
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	DIAN: To the best of my knowledge, d	feath occurre	ed at the time, date	end place, end du	to the caus	e(a) end men	ner as stated).	and manner on stated
	29b. RIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		1			
B	Marking 11 h.	In. 11 un		i			- 1			Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO		FM 270 /×	Print	0.0.1	M.E.		06,	/11	/1993
.77	MARIAMO A. KORK	ou un 111 1		Street	, Balt	imore	e, Ma	rylaı	nd	21201
1	JUN 1 6 1993 4	Javidson Nathan	4							



BALTIMORE, MARYLAND 21215-0020

DING PHYSICIAN: The law requires that the cleath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacibed for use as the hurial-transit narmit page 1.2 should	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The faw	TO THE PUBLISHAL DIRECTOR: After this certificate has t	be the within a hours after death with the State Dept	IMPURTANT II item 28 is marked, or item 23

	1 - FOR STATE REGISTRAR	STATE OF N	/MARYLAND / Ce	DEPAR	TMENT	OF H	DEAT	AND I	MENTA	L HYGIEN	E		17400
	1. DECEDENT'S NAME (First, Middle, La	est)								OF DEATH	1720	- 10	3. TIME OF DEATH
	ROMAN B.	DROZD							0 6	_	199	YEAR	2:10 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	<u> </u>	8. BIRTI	IPLACE (State or Foreign
	213-15-8103	1 💢 M 2 🗌 F	19	YRS.	MONTHS	DAYS	HOURS	MIN.	Seni	t. 7, 19	73	Man	ryland
	9e. FACILITY NAME (If not institution, gi	ve street end number)			9b. CITY	, TOWN O	R LOCATION	ON OF DE		201927		NTY OF D	
S.	MARYLAND RTE	#50 WEST										LBO	
DIRECTOR	RESIDENCE OF DECEDENT										<u></u>		
2	10e. STATE 10b. COU			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
		Harford				Ве	el Ai	r		_			1 TES 2 X NO
AAI	100. STREET AND NUMBER					101.	ZIP CODE				10g. CITE	ZEN OF V	VHAT COUNTRY?
FUNERAL	1410 Redfield							21015	-			U.S.	Α.
3	11. MARITAL STATUS 1 X Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED IO	13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN	17 (Specify Yes	or No-	14. RACE	— American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES					Specify				Speci	fy:
	15. DECEDENT'S E	DUCATION	16e DE	CEDENT'S	USUAL O	CCUDATIO	100		1405	VIII 05 01			White
	(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-4 or 5 +	(G/	ve kind of a	work done	during mos	st of workin	g	160	. KIND OF BU	SINESS/IND	USTRY	
7	N/A	N/A	,	Str	ident					Essex	Comm	nıni+	y College
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				delle		18. MOTH	IER'S NA	ME (First)	Middle, Maiden		MILL	y correge
	Raymond B. Dro	zd								aylor	our remay		
BE	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street or				ber, City or Tow	n State Zin	Codel	
2	Raymond B. Dro	zd (fathe								ir, M			
	20e. METHOD OF DISPOSITION		20b. PLACEA	NODATE	OFDISPOS	ITION /Na		LL g I	DAT		CATION —		wn. State
	1X Buriel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 6 ☐ Other (Specify) _	emoval from State	St. S	matory or o	ther place)	s Ce	m		6/1				Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 500	Julia	22.	NAME AN	D AODRES	S OF FAC	CHITY				Maryland
	1/01	011.			S	Chim	unek	Fur	neral	Homes	s, In	.c.	01006
	23. PART I. Enter the diseases, or head follows	or complications that	caused the de	eth Dor	ot enter	*ba mar	pera	IL P	toau,	Balt	rmore	, ML	21236
	allock, or neert fellul	e. List only one ceu	se on eech line.		iot enter	the mot	ae or dyr	ng, suci	n as care	nec or reap	ratory arr	eat,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition	My n	01 - 50	Drisu rus							Onset and Death		
	resulting in death)	a. NUCLI	OR AS A CONSEC	UENCE O	E-CG-								
2					,-								i 1
은 	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE O	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.											
프	that initiated events	DUE TO	OR AS A CONSEO	UENCE OF	ŋ:								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other aignificent condit	lons contributing to	deeth but not re	esultina	n the un	derivino	Cause o	lven in	Part I	24a, WAS AN	ALITODOV	245	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						activity in 19	orage 8	14011 111	7 401. 1.	PERFOR	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
							-		- 1	1 YES 2	□ NO		OF DEATH?
Σ													1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				_	26 DI /	ACE OF DE	ATM (Cha	eck only on	-1			
S	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpetlant 2	_ noa	OTHER	t:							
¥	27. MANNER OF DEATH	28a, DATE OF	INJURY	28b. TIM	E OF	28c. INJU		Bidence	8 XOther	CRIBE HOW II	SCEN.	-	
ВУ Р	1 Netural 5 Pending	06-1		2;0	4 A	1 Y		Xio	AUI		PACT		TREE
	2 Accident Investigation 3 Suicide 6 Could not t	28e. PLACE OF	INJURY — At hor			ory, office			281. LOC	ATION (Street e	nd Number	or Rural A	oute Number, NATO
COMPLETED	4 Homicide determined		nte. (Specify) ROA	ADWA	Y				MD (RTE#	50 W	EST	TALBOT CO
7 1	29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of	my knowledne des	th occurs	od at the ti	me dete	and place	and due	do the seco				
\ <u>\text{\tint{\text{\tin}\text{\tex{\tex</u>		INER: On the baels of ax											and manner as stated
	290 SIGNATURE AND TITLE OF CERTIF												
BE	Word or the	Un. 10					O.C						(Month. Day, Year) - 1993
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITFM	27) (Type	Print)		0.0	• 11 •	Ľ.		- 00	- 14	1773
	Morgonion	1. Konsu				S+7	ree+	R	alt-	imore	. Ma	rv1	and 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE			5 (1		, ,	u	LINOTE	, IId	-1-	21201
4	JUN 1 6 199	3 Julia 1	widow-13	ndelle									



BALTIMORE, MARYLAND 21215-0020	OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OPECION Also this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a small property of Health and Mental Hydiene prior to burial, cremation, or removal.	
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BHYSION OF VITAL RECORDS, P.O. BOX 68760,	ertificate	ng physic	
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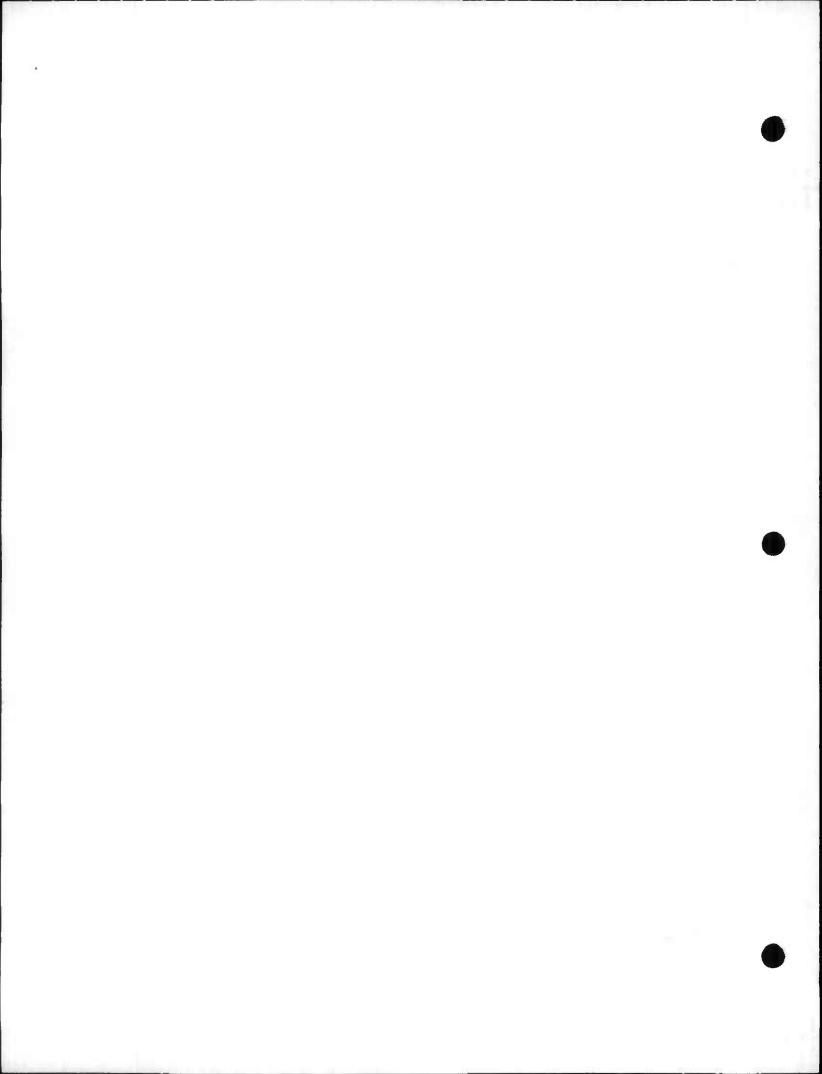
	10		211911		. EERI	JIGH	2. DATE OF DEATH	7-93"	3. TIME OF DEATH 7.45 PM	
Pir	1	4. SOCIAL SECURITY NUMBER 577-50-9555	10 M 2 MF 5.	yrs. lest birthday) YRS.	MONTHS DAY	B HOURS MIN.	10 00	37	BIRTHPLACE (State or Foreign Holland	
1, 2. 3 should	TOR	96. FACILITY NAME (If not institution, give structured of the stru		e		N OR LOCATION OF DI	EATH	Bal	timore.	
Pages	DIRECTOR	Maryland Balti	more		WSON	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
burial-transit permit.	FUNERAL	100. STREET AND NUMBER 8415 Bellona Lan	e Apt 901			10f. ZIP CODE 21204			.S.A.	
the	ETED BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2X2NO TES	If yes,	PECENDENT OF HISPAI apocify Cuban, Mexica (ES 2 NO Specify		s or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
thed for use as		15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w We. Do NOT use Nurse	nek done during	ATION most of working	Univers			
be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Bernard	Eerligh	h 18. MOTHER'S NAME (First, Catherin				Sumame)		
e 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Marlene Wheeler			ADDRESS (Street		Route Number, City or Tow	n, State, Zip Coo	je)	
director, page er must be		20s. METHOD OF DISPOSITION 1	val from State come	PLACE AND DATE O	ner place)	(Name of Corp. 6-1		SON, M	or Town, State aryland 21204	
funeral camin		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON FUNERAL HOME, Inc. 1050 York Road, Towson, Md. 21204								
completely filled in by the ial. cremation, or removal. cevent, the medical ex		23. PART i. Enter the diseases, or conshock, or heert feilure. LimmEDIATE CAUSE (Finel disease or condition resulting in death)	Breast (ch line.	wit	mode of dying, suc	h as cerdiec or resp	Iratory srrest	Approximate interval Between Onset and Death	
nding physician and Hygiene prior to bur ir other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ed by the the and Me any inju	MEDICAL CE	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 TWO								
of. of		25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 DINO	
the State Dept.	PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		OTHER:	ome 5 Residence	/	Hospi	ce	
death with to marked,	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
ather di	0	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, atc. (Speci	At home, farm, st	reet, factory, of	ffica	261. LOCATION (Street City or Town, State)		tural Route Number,	
FUNERAL DREG WITHIN 72 hours TANT. II Hern	COMPLET		IAN: To the best of my knowle : On the basis of examination						suse(s) and manner as stated.	
TO THE FUNES be filed within IMPORTANT	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	alexan	ided	D	29c. LICENSE NUM	187 187	29d. DATE SI	GNED (Month, Day, Year)	
1	-	Dr. Carla Ale	. 1	TH (ITEM 27) (Typo,	rine) Iulan	ey Valley	IRd. To	wson.	mo 21204	
1		31. DATE FILED (Month, Day, Your) JUN 1 6 1993	ALLA DAVIDAN'S SIGN	CTICLE						

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE THANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OI	- DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3.	TIME OF DEATH			
1	ROSEMARY	FERTITTA				JUNE	14,	1993	5:40 A.Mu			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR			NCE (State or Foreign			
- 1	220-05-0546	1 D M 2 X F 74	YRS.	MONTHS DAYS	HOURS MIN.	JULY 4,	1018	Country) MARYI				
	9a. FACILITY NAME (If not institution, give a			ab CITY TOWN	OR LOCATION OF D			INTY OF DEAT				
œ						EATH	9c. COL	NTY OF DEAT	н			
2	4401 RIDGE DRIV	/E		BALI	IMORE							
DIRECTOR	10a. STATE 10b. COUNTY	Υ	10c, Cl	TY, TOWN OR LOC	ATION			10	d. INSIDE CITY			
뜻	MARYLAND		100		IMORE				LIMITS?			
	10s. STREET AND NUMBER				Of, ZIP CODE		140 000					
HA I	4401 RIDGE DRIVE			1			10g. CI1	TIZEN OF WHA				
BY FUNERAL		The same services			21229			U.S.				
[교	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DI	ECENDENT OF HISPAI	NIC ORIGIN? (Spe an, Puerto Rican, a	cify Yes or No— etc.)		American Indian, hite, etc.			
≿	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Specif		,	Specify:	WHITE			
	15. DECEDENT'S EDU	I CATION	14- 05050505									
COMPLETED	(Specify only highest grade	completed)	(Give kind of	S USUAL OCCUPAT work done during r see retired.)	nost of working	16b. KIND	OF BUSINESS/IN	DUSTRY				
ا تا ا	Elementary/Secondary (0-12)	College (1-4 or 5+)										
\$			PURCHA	SING MA	7		ATE OF	MARYLA	AND			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle,						
H	ROSARIO FERTITTA				ROSE	MARY FI	TZPATRI	CK				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	t and Number or Rural	Route Number, City	or Town, State, Zi	p Code)				
	JAMES M. HOOK		2214	CARRS	MILL ROAL	- FALL	STON, M	D. 210)47			
	20s. METHOD OF DISPOSITION 1 [X] Burial 2 ☐ Cremation 3 ☐ Ram		10b. PLACE AND DATE			DATE	20c. LOCATION -	City or Town,	State			
	4 Donation 5 Other (Specify)]	NEW CATHE	DERAL C	EMETERY	06/15	BALTI	MORE				
	21. SIGNATURE OF FUNDERAL HOME, INC.											
	4107 WILKENS AVENUE, MARYLAND 21229											
\vdash	23. PART I. Enter the diseases, or	complications that cause	and the death. Do									
	shock, or heert failure.	List only one ceuse on	each iine.	not enter the n	loos of dying, suc	AT WE CATCHEC O	respiratory at	reet,	Approximate interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition											
	resulting in death) a. Ower S Lune Due To (or as a consequence of):											
	1	DUE TO (OR AS	S A CONSEQUENCE	OF):	4							
8	Sequentially list conditions,	b										
Ě	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE (DF):								
3	CAUSE (Disease or injury								1			
		C	A COMMEDITE OF									
HE	that initiated events	DUE TO (OR AS	S A CONSEQUENCE (
ERTIFI		DUE TO (OR AS	S A CONSEQUENCE (
L CERTIFICATION	that initiated events resulting in death) LAST	d			ng ceuse given in	Part i. 24a. 1	MAS AN AUTOPSY	24b. W	RE AUTOPSY FINDINGS			
ICAL CERTIFI	that initiated events resulting in death) LAST PART II. Other significent condition	d.	but not reculting	in the underlyi	ng ceuse given in	1	ERFORMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE			
DICAL	that initiated events resulting in death) LAST PART II. Other significent condition	d	but not reculting	in the underlyi	ing	1		AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
MEDICAL	that initiated events resulting in death) LAST PART II. Other significent condition	d.	but not reculting	in the underlyi	ng ceuse given in	1	ERFORMED?	AM CC OF	ARLABLE PRIOR TO EMPLETION OF CAUSE			
MEDICAL	PART II. Other significent condition	d.	but not reculting	in the underlyi	ing	10	ERFORMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. ne contributing to deeth rectra	n but not resulting	in the underlyi	PLACE OF DEATH (CF	1 [YES 2 NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	d	but not reculting	in the underlyi	PLACE OF DEATH (C)	1 neck only one)	YES 2 NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
DICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO 27. MANNER OF DEATH	d. ne contributing to deeth rectra	but not reculting	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (Cr	1 neck only one)	YES 2 NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	HOSPITAL: 1 Inpetient 2 ERVO 288. DATE OF INJUR (Month, Dey, Year	but not reculting Amaka Amak	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (CF	1 neck only one)	YES 2 NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
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BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	HOSPITAL: 1 Inperient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S)	a but not reculting A DOA Y 28b. Till RY — At home, farm, pocify) owledge, death occur	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (Cr. tome 5 Residence NJURY AT VORK? YES 2 NO ice	1 Deck only one) 6 Describe 28d. Describe 28f. LOCATION City or Town	thy) HOW INJURY OC (Street and Number, State)	AM CCCORED	AILABLE PRIOR TO MIPPLETION OF CAUSE DEATH? YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	d	a but not reculting A DOA Y 28b. Till RY — At home, farm, pocify) owledge, death occur	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (CF) ome 5 Residence UJURY AT YORK7 YES 2 NO Ice ts and place, and due death occurred at the	seck only one) 6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) a tima, date and pi	YES 2 NO NO NO NO NO NO NO NO NO NO	CCURED CCURED Or or Rural Route sted,	AILABLE PRIOR TO MIPPLETION OF CAUSE DEATH? YES 2 NO Number,			
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E COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: HOSPITAL: 1 Inpetient 2 ER/Or 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR (Month, To the best of my knoth)	utpetion: 3 DOA Y 28b. Till IRY — At home, farm, pocify) owledge, death occur tion and/or investigati	or the underlying the	PLACE OF DEATH (CF) ome 5 Residence UJURY AT YORK7 YES 2 NO Ice ts and place, and due death occurred at the	seck only one) 6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) a tima, date and pi	YES 2 NO NO NO (Street and Number, State) Indianner as state ace, and due to 1 29d. DA'	CCURED CCURED or or Rural Route sted,	AILABLE PRIOR TO MIPPLETION OF CAUSE DEATH? YES 2 NO Number, Number, and manner se stated.			
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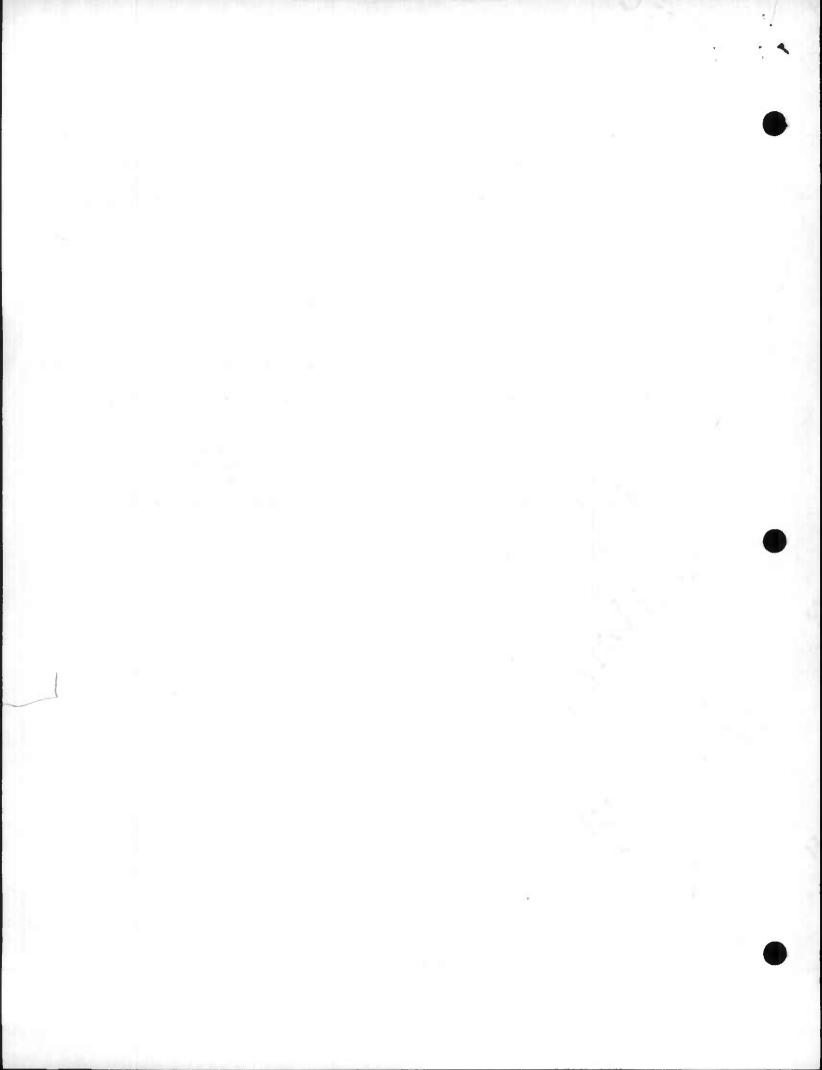
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND MICATE OF DEATH	ENTAL HYGIENE REG. NO.	7 7 7 0 0
1. OECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	3. TIME OF PEATH
JSEFRIY	LEROY FREELAN	'O +	June_10,199	EAR 1000 M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)			BIRTHPLACE (State or Foreign
217404641	1 1 M 2 □ F 50 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) AUG. 3 1942 1	DARYLAND
9a. FACILITY NAME (If not institution, give s	HOSPITAL	96. CITY, TOWN OR LOCATION OF DEA		TOORI
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	V	Y, TOWN OR LOCATION		
MARYLAND BAY	Jimore	PARKVILLE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 📉 NO
10e. STREET AND NUMBER	0	10f, ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?
8310 BIRYL	ROAD	21234		LS.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC It yes, specify Cuben, Mexican, 1 — YES 2 NO Specify:		. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDU	ONTION LOS CONTROLES			WHITE
(Specify only highest grade	completed) (Give kind of w	USUAL OCCUPATION vork done during most of working e retired.)	16b. KIND OF BUSINESS/INDUS	TRY
Elementary/Secondary (0-12)	Conege (1-6 or 5 +)		BLACKIN	coken co
17. FATHER'S NAME (First, Middle, Last)	1211(7)(1)	PATTEST + SATIST	E (First, Middle, Maiden Surname)	wirk Lo.
11.00.10	ov FRSIL DOD	IO. MOTHER'S NAME	C C LI L	
19a, INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural Ro	H L SCHOL	713H L
FOMILY P.	COPOC S	O OO E O O E OO OO OO OO OO OO OO OO OO	one number, only or lown, State, Zip Co	00)
20a. METHOD OF DISPOSITION	20b. PLACE AND DATED	MCIT HOHE	10V2	
15 Burial 2 Cremation 3 Ram	coval from State cametery, crematory or ot	her place)	DATE 20c. LOCATION - City	or Town, State
4 Donation 5 Other (Specify)	TENSEE DULANEY	22. NAME AND ADDRESS OF FACI	193 1 imon	10m, 170-
	-	EVAN CHAPL	LOF Memories	
Land Van	Complications that caused the death. Do n	8800 HARFOR	O ROAD - PAR	Kribe
Sequentielly list conditions, if any, leading to lumedists couse. Enter UNDERLYING CAUSE (Disease or injury	e. DUE TO (DR AS A CONSEQUENCE OF b. DUE TO (OR AS A CONSEQUENCE OF c. DUE TO (DR AS A CONSEQUENCE OF	·):		
that initiated events resulting in death) LAST	d): 		
PART ii. Other significent condition	ns contributing to deeth but not resulting in	n the underiving cause given in P	art i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
			PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			-	1 TES 2 ND
25. WAS CASE REFERRED TO MEDICAL		28. PLACE DF DEATH (Check	k only one)	
EXAMINENT	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:		
27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year) 28b. Time INJ	4 Nursing Home 5 Residence S E OF 28c. INJURY AT WORK?	U Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR	NED
1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
3 Suicide S Could not be	2Sa. PLACE OF INJURY — At home, farm, a building, atc. (Specify)	treet, factory, office	2St. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge, death occurre			
one) 2 MEDICAL EXAMINE	ER: Dn the basis of examination and/or investigation	n, in my opinion, death occured at the tie	me, data and place, and dua to the c	ause(a) and manner as stated.
296. SIGNAPORE AND STITLE OF CENTIFIES	500- 200	29c. LICENSE NUMB	ER 29d, DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) 17073	8.3 6	70-75
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Harperthrees-	11 Hamlet Hi	1/Bd-Boxtom
JUN 1 6 1002	Selie K.	/		
1000	Comment of the state of the sta			DHMH-1S Rev 1/89

BALTIMORE, MARYLAND 21215-00 TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending process. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the libe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



the funeral director, page 5 should be

filled in by t

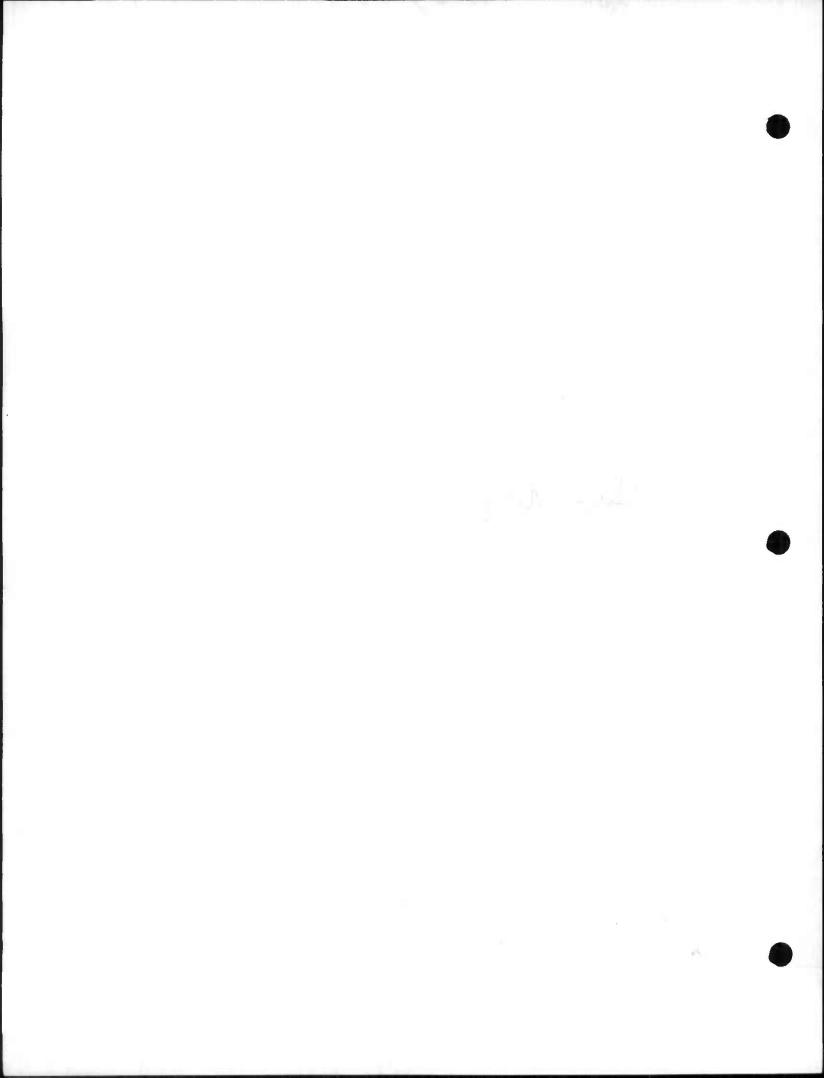
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detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	鱼	g	à	25
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	WE HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	NTHE FUNERAL DIRECTOR ATTEMPT OF CONTICATE has been signed by the attending physician and completely filled	I filed within 72 hours when the state Dept. of Health and Mental Hygiene prior to burial, cremation, o	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the n
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	100	4	4	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH CARRIE H. FAULSTICH 6 93 8:50 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month. Day, Year) 1-8-1930 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 ☐ M 2 13. F 217-26-5794 MARYLAND Sa. FACILITY NAME (If not institution, give street and number) 95 CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEL **PASADENA** 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1676 GRANDVIEW ROAD USA 21122 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerlo Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pu 1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 X Married Specify: WHITE В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 LINE WORKER CROWN CORK & SEAL CO. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANDREW LIGHTNING GEORGIANA RUTH BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 1676 GRANDVIEW ROAD, PASADENA, MD 21122 JOSEPH HENRY FAULSTICH 0 20a. METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Removal from State DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 N Buriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) must GLEN HAVEN CEMETERY 6+17-9\$ GLEN BURNIE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
STALLINGS FUNERAL HOME, P.A. 3111 MOUNTAIN ROAD, PASADENA, MD 21122 ation, or removal. 23. PART I. Enter the diseases, or complications the caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or haert fallure. List only one cause on each line. Interval Between CARDING **IMMEDIATE CAUSE (Final** Onset and Death disease or condition a. DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, TAMPORIADE or other traumatic MEDICAL CERTIFICATION Sequentisity list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? State D 26. PLACE OF DEATH (Check only one) OTHER 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH eath with the marked, o 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) . 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 1 P COMPLETED 4 Homicide hours ? 29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. DE FIELD WITHIN 72 h
IMPORTANT: IF IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 16/9 1033069 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KICHORRA BERNST EIN AUE 6001210656 AMBRICIS Melzixo 32. REGISTRAR'S SIGNATURE Julia Sevidon Bondale



		1 - STATE REGISTRAR	STATE OF MA	RYLANI	D / DEPAR CERTIF	TMENT	OF H	DEAT	AND M		HYGIENI REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last)		·						2. DATE OF	DEATH		. 3	. TIME OF DEATH	
		ELLA B	GRAVES							JIINE	13 1	993	EAR	2.50 P M	
		4. SOCIAL SECURITY NUMBER		AGE (In yes	s. last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF	BIRTH		BIRTHPL Country)	ACE (State or Foreign	
2		212-34-7105	1 🗆 M 2 💢 F	74	YRS.	MONTHS	UNTE	HOURS	MITTE,	3-2	3-19			S.C.	
Should	m	9a. FACILITY NAME (If not institution, give s				1000	- 700		ON OF DEA	THE COUNTY OF BEAUTI					
2,	стов	THE JOHNS HOPKINS			BAL	TIMO	ORE C	CITY			BALT	IMOR	RE		
Jes 1	EC	10a. STATE 10b. COUNTY	,		10c. CI1	Y, TOWN D	R LOCAT	ION				,	1	Od. INSIDE CITY	
permit. Pages	DIRE(MD	Baltimor					1 LIN					LIMITS?		
perm	AL	10e. STREET AND NUMBER		10f. ZIP CODE						10g. CITIZE	N OF WH	AT COUNTRY?			
020 physician, burial-transit	FUNERAL	1530 Kingsway Road						2121	.8	U.S					
20 rystcia	FU	11. MARITAL STATUS 1 Never Married 2 Married	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U. FORCES? 1 YES			13.	WAS DEC	ENDENT C	F HISPANIC	ANIC ORIGIN? (Specify Yea or No- 14. san, Puerto Rican, etc.)			. RACE -	- American Indian, White, etc.	
15-00 lending pl	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR	F YES, GIVE WAR OR DATES 1 YES 2 X NO								Specify:			
21215-0020 If or attending physician, for use as the burial-tran	ETED	15, DECEDENT'S EDUC		16a	. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. K	NO OF BUS	INESS/INDUS		lack	
2 9 2	Fi	Elementary/Secondary (0-12)	y only highest grade completed) (G				during mo	st of working	rg						
0 g g	MP	10th		DOMESTIC				IC			Ш				
LAN the house detach	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Malden Surname)							
> E 0 6	B	Robert Brown						Alice Gladney							
MARY retained by 5 should by notified al	6	19a. INFORMANT'S NAME (Type/Print)										, State, Zip Co			
		Mary McCrea 20e. METHOD OF DISPOSITION							id/Bal		7	D 212			
FORE e 6 may ector, pag must b		1 Buriel 2 Cremation 3 Remo	oval from Stata	cemetery	CE AND DATE	ther place)				OATE		ATION - Cit			
Page Il dire		21. SIGNATURE OF EUNERAL SERVICE LIC	Baltimore Cemetery 122. NAME AND ADDRESS OF FAC					Baltimore, Maryland							
BALTIMORE, er death. Page 6 may be the funeral director, page val.		NA TI	KO	had		MW	CN	IARCH	наі	/110	1 E	ипртн	ΔVE	भा गर	
2 2 2 2	-	WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approxima													
e in the		shock, or neert failure.	List only one ceuse	on each	line.	ior enter	the mo	de or dy	ing, such	aa cardie	c or respir	atory arrea	t,	Approximate interval Between	
fille ion,		disease or condition Flection in a second se										Onset and Daath			
ted within completely ial, cremat, t		resulting in death) a. CTC//O//C(A/)/C(A/									JOIN				
cecuted within and completely o burial, cremat matte event,	z		- Acute Myocardial Infor					force	action 30m				30min		
SOX 68 te be execut sician and c prior to burit traumatic	5	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											1,000		
BOX ficate be exphysician are prior to	2	CAUSE (Disease or Injury	MONTIC	7	me	iry	5n	7			_	ap	014	13415	
ding certif	E	that initiated events resulting in death) LAST	DOE TO OH	T AS A CON	SEQUENCE D	160	to	- 4	- 1					1540	
D = 5 - 0	CERTIFICATION		GIANT Cell Arteritis												
日報長重	CAL	PART II. Other aignificant condition	not resulting in the underlying ceuse given in				given in Pa	Part I. 24a. WAS AN AUTOPSY PERFORMED?				ERE AUTOPSY FINDINGS MILABLE PRIOR TO			
	8	1/0 Grpr -tr							_ 1 _ YES 2) 0	OMPLETION OF CAUSE F DEATH?		
RECO w requires that been signed it, of Health a	MEDI									_				□ YES 2 1 NO	
law tas b Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL													
/ITA N: The ficate ha State D	CI	EXAMINER?	28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:												
F VIT, SICIAN: Th certificate the State the State	¥	27. MANNER/OF OEATH	28a. DATE OF INJ		28b. TIM	7"	28c, INJ		sidence 8			JURY OCCUR	250		
		1 Natural 5 Pending	(Month, Day, 1		IN.	IURY M	WOI			zoa. OESCH	IBE NOW IN	JUHY OCCUP	EO		
VDING P	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	IJURY — A	t home, farm,	street, facto				281. LOCATI	ON (Street ar	nd Number or	Rural Rou	te Number,	
S after S	Ē	4 Homicide detarmined	building, etc.	. (Specify)						City or 1	own, State)				
DIRIU DIRIU	COMPLETE	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge	, death occurr	ed at the ti	me, dete	and place	and due to	the cause	a) and man	ner se stated			
HOSPITAL FUNERAL WITHIN 72 TANT: II	MO	one) 2 MEDICAL EXAMINE												nd manner as stated.	
E FUNEF Within		296. SIGNATURE AND TITLE OF CERTIFIER		^		0	d	2 7 2	N'SE NUMB					lonth, Day, Year)	
TO THE FUNER TO THE FUNER Be filed within	38 C	Jels a. Ha	et mi	D.	La	vid ?	Tim	1)2	24-	7.7		1 6	/12	102	
J	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	OF OEATH (TEM 27) (Type	Print)				-		1	110	11.2	
		LETEN 4. 1400	-I M.I	ツ・	Jo.	hns	He	PIC	ins	4000	ita	1.			
	5	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATUR	E					0					

DHMH-16 Rev 1/8

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE	F DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH		3. TIME OF DEATH		
1	Hars	ey Ellsworth Green					DAY	YEAR			
	4. SOCIAL SECURITY NUMBER			I I IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF 8	14-19		М		
	242 44 0045	1-2 M 2 F		ONTHE DAY		(Month, Day	y, Year)	8. BIRTH Count	HPLACE (State or Foreign ry)		
	213-14-0346		82 YRS.			3-11-	-1911	Ma	arvland		
	9a. FACILITY NAME (If not institution, give s	1	b. CITY, TOV	N OR LOCATION OF DE	ATH	9	c. COUNTY OF D	EATH			
Ö	Carroll County GO	eneral Hosp	ital	To	estminster	r		Carro	1.7		
5								Callo			
DIRECTOR	10a. STATE 10b. COUNTY	r arroll Count		TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?		
	Maryland Ca	У	Sy	kesville				1 TYES 2 NO			
A	10e. STREET AND NUMBER		101, ZIP CODE			10	0g. CITIZEN OF Y	WHAT COUNTRY?			
E	1204 W. O		21784			U.S.A	1				
FUNERAL	11. MARITAL STATUS	IN U.S. ARMED	ARMED 13. WAS DECENDENT OF H			necity Yes or		E — American Indian.			
									k, White, etc.		
	in 3 Widowed 4 Divorced										
COMPLETED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUP	ATION	16h KIN	D OF BUSINE	ESS/INDUSTRY			
E 1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor life. Do NOT use if	rk done during most of working		IOU. KIND OF BUSINESS/IND		LJJ/IIIDUJ I NI	OJINI		
7	7	College (1-4 of 5+)	Moohar	ic		Ì	7	1. 1.7			
₹	17. FATHER'S NAME (First, Middle, Last)		Mechanic					omobile			
	George Wesle	ou Croon			16. MOTHER'S NAI			,			
BE		sy Green				a Estel					
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural F						
	Mrs. Bertha V. Gr	reen	1204 W	. Old	Liberty F	Road Sy	kesvi	lle, M	21784		
	204 METHOD OF DISPOSITION 1 Description Burlet 2 Cremetton 3 Remeted	oval from State	Db. PLACE AND DATE OF	DISPOSITION	(Name of	DATE	20c. LOCAT	TION — City or To	wn, State		
	4 Donation 5 Other (Specify)		emetery, crematory or other Lake View	Cemet	ery	6/17	Syk	esville	, MD		
i	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			AND ADDRESS OF FAC						
	Di Reign	D 26:	64	HA	IGHT FUNER	NOH LAS	Œ (P.	O. Box	195)		
	Dull to	x. Trulg	que	1 Sv	kesville.	MD 217	784 (4	1101 705	1400		
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in death)	· Atterc	A CONSEQUENCE OF):	us.	C010	nan	al	teur			
		DUE TO (OR AS	A CONSEQUENCE OF):		1	\$		01			
z		Mulleas		outr	i cular	TACL	u Con	dia			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A thero Sclus us, Coronary artery Due to (or as a consequence of): Cauchy Corolia Due to (or as a consequence of): Cauchy Corolia Due to (or as a consequence of): Cauchy Corolia Due to (or as a consequence of): A thero Sclus us, Coronary artery Leading to Industry Due to (or as a consequence of): A thero Sclus us, Coronary artery Leading to Industry Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): Due to (or as a consequence of): A thero Sclus us, Coronary artery Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or a										
3	cause. Enter UNDERLYING	. Ca (MUCheas	: L	MO Conc	lial	1400	andlo	4		
里	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	1	J	- 1	1	U CONC.			
ᇤ	resulting in death) LAST	. Hupei	tension	, N	A luse	elen	J				
2				,							
A I	PART II. Other algnificant contributing to death but not resulting in the underlying causa given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICA									COMPLETION OF CAUSE		
	0					_ `	Y		OF DEATH?		
Ş						_			1 - YES NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Che	ck only one)					
<u> </u>	EXAMINER?	HOSPITAL:		THER:			Ω	040011	11 114115		
¥∥	27. MANNER OF DEATH	26a. DATE OF INJURY		Control (Specify)							
<u>a</u>	1 Naturel 5 Pending	(Month, Day, Year)	INJUR	Y	WORK?	26d. DESCHIB	E HOW INJU	PRY OCCURED			
ĕ	2 Accident Investigation	20- 21-105-25-11-11			YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (So	RY — At home, ferm, stre ecify)	et, tactory, o	ffice	26t. LOCATION City or Tox	N (Street and I vn, State)	Number or Rural F	ioute Number,		
COMPLETED											
립	29a. CERTIFIER Check only	CIAN: To the best of my kno	wledga, death occurred	If the time, d	ata and place, and dua	to the cause(a)	and menner	as stated.			
8) and manner as stated.		
III 29b. SIGNATURE AND TITLE OF CERTIFIER											
0	290. DATE STONED (MONTH, DRY, TORT)										
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	EATH OTERS AN OTHER								
	PAE 101		12 W AST	ти) -	ed mes	Turnto	F	10 211	57.		
					- Vind	mugo	2 1	10 211	5 ,		
	31. DATE FILED (HP 1 POY 16 199	32. HEGISTBAR'S SIG	NATURE COLORS								
	-10.100	' /									

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CEI	DEPARTMENT OF I		NTAL HYGIENE REG. NO.		1401
	Š	1. DECEDENT'S NAME (First, Middle, Last) GLADYS H	1. HARDING			DATE OF DEATH DAY	93 3.	1 9,304 m
2			5. SEX 1 M 2 F	The same of the sa	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 2 - 24 - 09		ACE (State or Foreign
2, 3 should	10R	9a. FACILITY NAME (If not institution, give structure) In 10 of Every Residence of Decement	Referen NW	Ba Ba	HIMOK	9c. (COUNTY OF DEAT	н
permit, Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY		BALL MO	TION Re)			d. INSIDE CITY LIMITS?
₩.	FUNERAL	501 E. Prest		125	2120:	2. 109.	CITIZEN OF WHAT	COUNTRY?
1215-0020 or attending physician. r use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPANIC C lectly Cuben, Mexican, Po 2 NO Specify:	PRIGIN? (Specify Yes or No Jerto Rican, etc.)	- 14. RACE	American Indian, hite, etc.
(A ^B 5	LETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give	EDENT'S USUAL OCCUPATION kind of work done during mo	ON ost of working	St. Paul	CON	vent
	at once.	17, FATHER'S NAME (First, Middle, Last)	Fouler	usekeepi	MOTHER'S NAME (First, Middle, Meiden Syrnen	mm s)
(B)	TO BE	Jeanette. J	Booker 1	MAILING ADDRESS (SING)	and Mumber or Runt Room	Married Cay or Town State	Zip Code)	MD 21213
MORE, le 6 may be rector, page	must be	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Flemon 4 Donation 5 Other (Specify)	rel from State 290.19-ACEAN	PATE OF DISPOSITION A	Mem. B	OATE 200 LOCATION	City of Town	70
	examiner	21. SIGNATURE OF FUNERAL SERVICE LICE) Phrm	22. NAME A	NO ADDRESS OF FACILITY	b EH.	101 8.1	Vorth Aug
hours after	medical	23. PART I. Enter the diseases, or co shock, or heart failure, L IMMEDIATE CAUSE (Final	omplications that caused the deat lat only one cause on each line.	th. Do not enter the mo	ode of dying, such as	cardiac or respiratory	arrest,	Approximate Interval Between Onset and Death
within pletely cremati	event, the	disease or condition resulting in death)	DUE TO (OR AS A OPPSECTU	Jementer				
OX 68 be execution and or to bur		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	ENCE OF):				
certificat nding phy Hygiene p	ry, or other traumatic	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	ENCE OF):				
SDS the d	A 를	PART II. Other significant conditions	contributing to death but not rea	sulting in the underlyin	g cause given in Part	1. 24s. WAS AN AUTOF PERFORMED?		RE AUTOPSY FINDINGS AILABLE PRIOR TO
O = 8 =	shows any : MEDIC.					1 YES 2 NO	OF OF	MPLETION OF CAUSE DEATH? YES 2 NO
L law	SICIAN:		HOSPITAL:	OTHER:	LACE OF DEATH (Check o			
OF PHYSIC this ce with th	PHY	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	IURY AT ORK? YES 2 NO	Other (Specify) 1. DESCRIBE HOW INJURY	OCCUREO	
TISION TTENDING CTOR: After after death	Z8 18	2 Accident Investigation 3 Suicide 8 Could not be determined	26s. PLACE OF INJURY — At home building, atc. (Specify)			. LOCATION (Street and Nur City or Town, State)	nber or Rural Route	Number,
DIV HOSPITAL OR A' FUNERAL DIREC WITHIN 72 hours	의그		IAN: To the best of my knowledge, death					d menner as stated.
THE HOSPITAL TO THE FUNERAL be filed within 72	TO BE C	296. SIGNATURE AND TATLE OF CERTIFYER	L. U	10	29c. LICENSE NUMBER	29d.	DATE SIGNED (MO	nth, Day, Year)
2)	F	1 Allen	COMPLETED CAUSE OF DEATH (ITEM	777 Record	kes tom	Pa #sc		
	2	JUN 1 6 1993	32. REGISTRAN'S SIGNATURE	2				

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BALTIMORE, MARYLAND 21215-00-00-DIVISION OF VITAL RECORDS, P.O. BOX 68760,

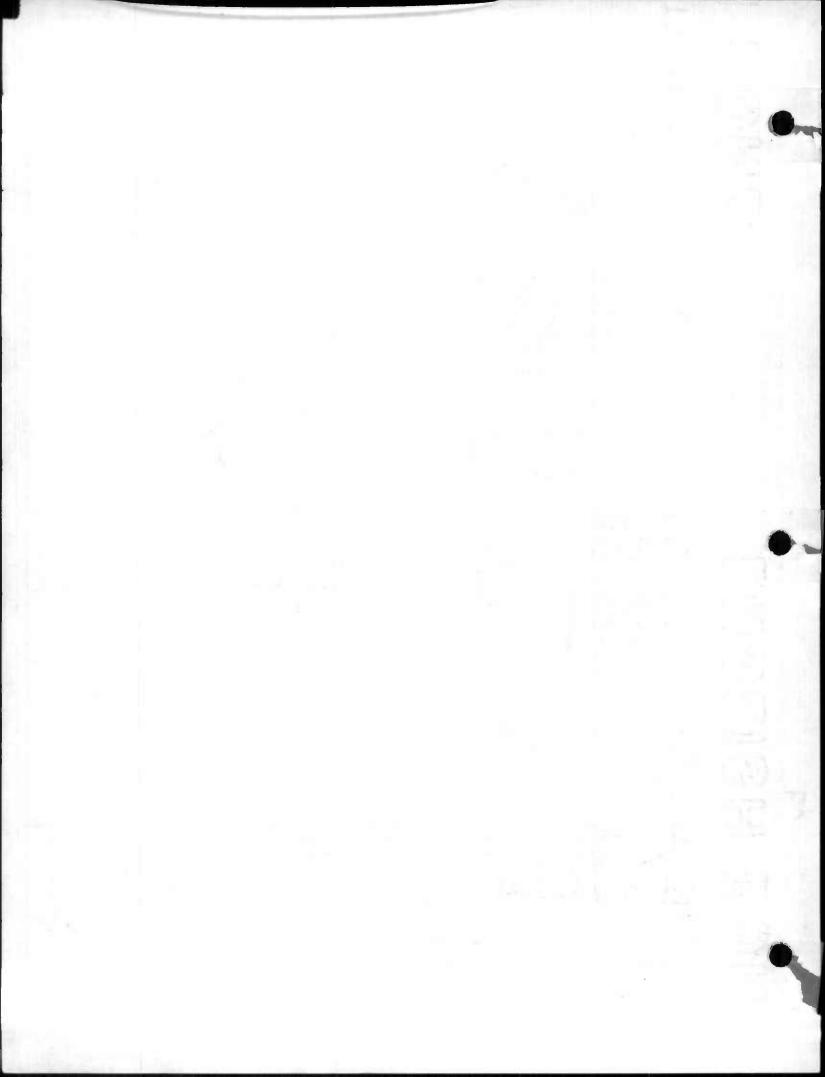
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending in attending the property of	thebunatoanat o	1000)
spital or atten	led for use a		
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may be retain	if, page 5 sho		st be notifi
eath. Page 6	funeral directo		xaminer mu
t hours after d	illed in by the	n, or removal.	e medical e
uted within 2	d completely fi	urial, cremation	ic event, th
ificate be exec	physician and	ene prior to by	her traumat
the death cert	the attending	d Mental Hygi	injury, or of
requires that	been signed by	. of Health an	shows any
ICIAN: The law	ertificate has	the State Dept	or item 23
ENDING PHYS	OR; After this c	ter death with	Is marked,
PITAL OR ALL	ERAL DIRECTO	n 72 hours aft	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as mean	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTAN

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH				
	CLYOS	OSCAR	HUMBIRT		JUN 12 19	193 3.35 A M				
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A BIDTUDI ACE (Crete or Femiles				
	215 03 2763	12 M 2 🗆 F	YRS. MONTH	B DAYS HOURS MIN.	Osc H 1918	Country) SOOSYLVANIA				
_	9a. FACILITY NAME (If not institution, give s	treet and number)	9b. C	TY, TOWN OR LOCATION OF C	DEATH 9c.	COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	TAD NURSING	Envir C	PALTIMORE						
Ä	10s. STATE 10b. COUNTY	1	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY				
	MARYLAND BAI	Timore	LAR	LUZY		1 TES 2 NO				
\¥.	10e. STREET AND NUMBER			10f. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?				
FUNERAL	2705 ERIS			21231		U.S.A.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 1 YES IF YES, GIVE WAR OR DAT	2 NO	3. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 TES 250 NO Speci		14. RACE — American Indian, Black, White, stc. Specify:				
1	15. DECEDENT'S EOU	CATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINESS	S/INCUSTRY				
E	(Specify only highest grade Elemantary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work dor life. Do NOT use retired	ne during most of working (.)						
N N	127RS	4 YRS. (ISCHAMIC	AL Engineer	KOPPERS	: Company				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1.1	V	18. MOTHER'S N.	AME (First, Middle, Maiden Surnar	me)				
BE	OSCAR JACOR	3 HUMBER	37	ORA	DAOMI L	URREAS				
5	19a. INFORMANT'S NAME (Type/Print)	2000	19b. MAILING ADDRE		Route Number, City or Town, State	e, Z(p Code)				
	20a. METHOO OF DISPOSITION	OROS	PLACE AND DATE OF OISP	LOGA ZA ABOL		N — City or Town, State				
	1 Buriel 2 Cremation 3 Remo	oval from State cemet	ery, crematory or other place	EMSTERY	8-15 PAR	1 - M -1				
	21. SIGNATURE OF FUNERAL SERVICE LIC				121	KVIDE I JARVLANO				
	120 12	Λ.		EVANS CHAPS	TOFPEMORY	25				
	23. PART I. Enter the diseases, or o	complications that caused in	the dasth. Do not ant	8800 HARF	th as cardiac or respirator	y arrest, Approximate				
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in daath)	a. Column the cause on asc	on line.	4		Intarval Between Onset and Dasth				
_		DUE TO (OR AS A CONSCIUENCE OF): Mehrs bulu diseau								
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate	DUE TO (OF A) A C	CONSEQUENCE OF):		100					
S	cause, Entar UNDERLYING CAUSE (Disesse or Injury	e ta	raphes	rg 16	2 6 1	,				
E	that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):							
CER		d								
7	PART II. Other significant condition	s contributing to death but	not resulting in tha	undarlying cause given in		The field he for the finances				
MEDIC					PERFORMED?	O OF DEATH?				
WE						1 YES 2 NO				
ä										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C/						
PHYS	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Output 28a. OATE OF INJURY	lent 3 □ DOA 4 N N	ursing Home 5 Residence						
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW INJURY	OCCURED				
BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY -	- At home, farm, street, fa		28f. LOCATION (Street and Nu.	imber or Rural Route Number				
TED	4 Homicide determined	building, atc. (Specify)		City or Town, State)					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	City the best of my knowled	ige, death occurred at the	time, data and place, and dis-	to the cause(s) and manner as	a stated.				
W	one) 2 MEDICAL EXAMINE	1 1/ 1				to the cause(s) and manner as stated.				
E C	29b. SIGNATURE AND TITLE OF CERTIFIES			29c. LICENSE NU		DATE SIGNED (Month, Day, Year)				
ω		Sturb		12226	352	11101 14 1905				
2	30. NAME AND ADDRESS OF PERSON AND	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (3/60, 1710)	Char		VUIL IT INS				
	DR MOHAMME	On KHAI	5601	Local Rays	a Blyo.					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE							
	JUN 1 5 1993	Julia Bairdson-		·						
	***************************************	C - The Contract	CHOCARE			DHMH-16 Rev 1/89				

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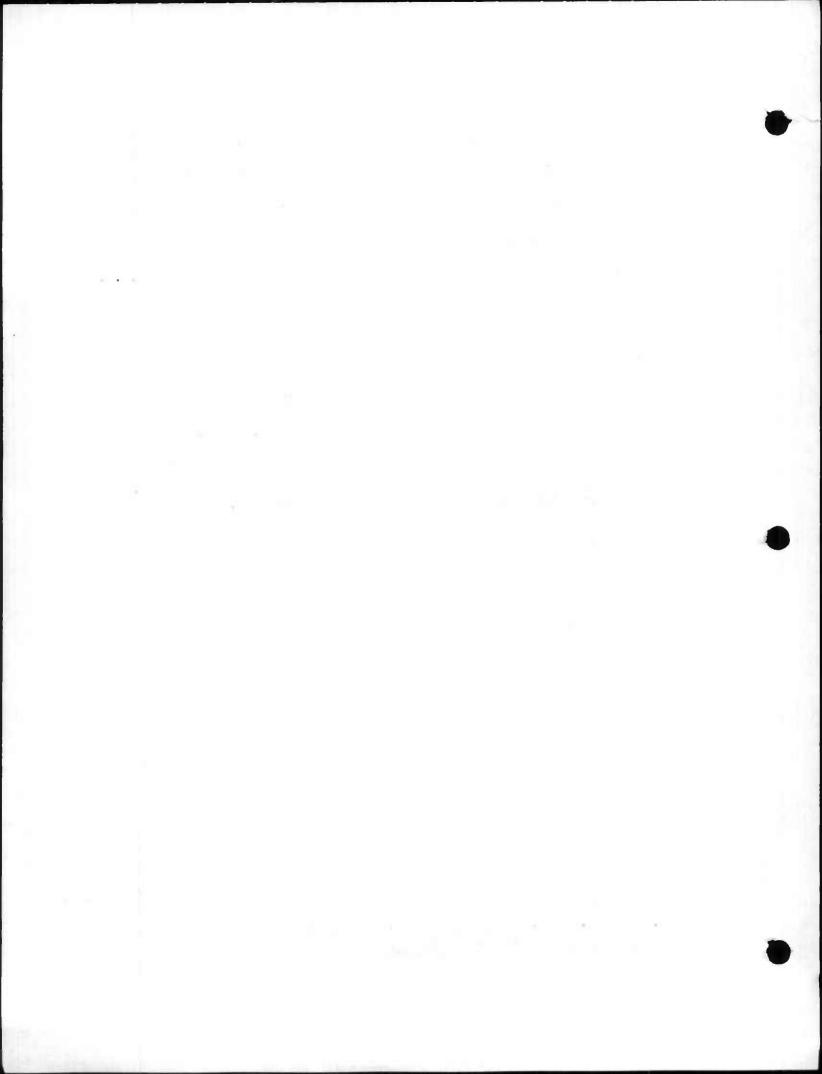
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	1 / 14
	2. DATE OF DEATH	1000	3. TIME OF D

REGISTRAR		CERTIFIC	THE OF BETTIE	REG. NO		
1. OECEDENT'S NAME (First, Middle, Last)	UNICE	- (2027		2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
DORISA	HALLE		L. HALLE)	+	2-1993	5,2SA
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	· ·	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 9/19/08	6. BIRT	HPLACE (State or Foreign
212-03-1908		0-1				
9e. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF I	DEATH
LEVINDALE GERIA	ATRIC HOSPIT	TAL	BALTIMORE,	MD.		
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TY	Inc CITY 7	TOWN OR LOCATION			10d. INSIDE CITY
			LTIMORE			LIMITS?
MARYLAND 10e. STREET AND NUMBER		DA	101. ZIP CODE		10- 071751 05	WHAT COUNTRY?
			- A - A - A - A - A - A - A - A - A - A		200	WHAT COONSET?
5814 CLOVER			21215		USA	
1 Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	en, Puerto Rican, etc.)	s of No 14. HAC Blac	E — Americen Indien, ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES 2 NO Spec	fy:	Spec	WHITE
15, DECEDENT'S EDI	UCATION	16a. DECEDENT'S US	LIAL OCCUPATION	165 KIND OF BU	I ISINESS/INDUSTRY	MULTE
(Specify only highest grad	de completed)	(Give kind of wor	k done during most of working	100.100.0		
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSE	ਬੂਬ ਸ਼ੁਲ	HO	MEMAKER	
17. FATHER'S NAME (First, Middle, Last)		110000		AME (First, Middle, Meiden		
NATHAN	LISSBERGE	ZD.	CARR		MGARTEN	
19e. INFORMANT'B NAME (Type/Print)	LISSDERGE		DDRESS (Street and Number or Rura			
	_					
MORTON C. HALL	E		BONNIE RD. BAL		21208)	
1 Exriel 2 Cremation 3 Aer	mover from State	20b. PLACE AND DATE O	E HEBREW CEM	C /2 1 123	OCATION City or 1	
4 ☐ Donation S ☐ Other (Specify)	1	DALITION		/ DES	LTO., MD	•
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /		22. NAME AND ADDRESS OF F			
Marsack A	Welman	0	SOL LEVINSON 6010 REISTER	& BROS.	ו מדתם	MD (21215)
23 PART I Enter the diseases, or	complications that cau	sed the death. Do not				Approximate
ahock, or heart fallure	I let only one source of					
	. List only one cause of	n eech line.	onto the mode of dying, so	on do condido on real	majory erreat,	Interval Between
IMMEDIATE CAUSE (Final	s. List only one cause of	n eech line.		(matory entest,	Interval Betwe
		New 1c F	Renal Fa	lwe	matory orteat,	Interval Betwe
IMMEDIATE CAUSE (Final disease or condition		NON (C F	Renal Fa	lue	matory origin,	Interval Betwe
IMMEDIATE CAUSE (Final disease or condition resulting in death)	8. DUE TO 108	NON (C R AS A CONSEQUENCE OF):	Renal Fa	lue	matory official,	Interval Betwe
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	8. DUE TO 108	New 1c F	Renal Fa	lue		Interval Betwe
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. INPORTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) $ALFREL$	HILTZ				2. DATE OF DEATH		76AR 3:10 AMM	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign	
	90. FACILITY NAME (If not institution, give	1 1 M 2 □ F	8 7 YRS.			3/18/0	6	Maryland	
œ	A	JURSING - Ret	AB CTR	9b. CITY, TOWN	OR LOCATION OF I	4	9c. COUNT	Y OF DEATH	
CTO	RESIDENCE OF DECEDENT		MID CIK.	FOR	esi m	ILL MO	17	ARFORD	
DIRECTOR	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Harford			рра			1 TES 2XXNO	
BA	1005 Brookwood	Drive		10	1. ZIP CODE 21085			N OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		BACE — American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	DATES	If yes, sp	S 2XXNO Spec	en, Puerto Rican, etc.)		Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16e. DECEDENT'S	USUAL OCCUPATI	ON ast of working	16b. KIND OF BU	JSINESS/INDUS		
J.E	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	life. Do NOT u	se retired.)	a working				
OMI	17. FATHER'S NAME (First, Middle, Last)	N/A	Chem	lst	10 MOTHERIS N	AME (First, Middle, Meider	Exxon C	il	
ш	Howard Hiltz				Clara	Schlude	,		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	vn, State, Zip Co	ode)	
F	Bessie Hiltz	(wife)	1005	Brookw	ood Driv	e, Joppa,	MD 21	085	
	20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	ob. PLACE AND DATE (emetery, cremetory or o Greenmour	of Disposition (Nather place)	ame of			y or Town, State	
	21. SIGNATURE OF FUNE L SERVICE LI	CENSEE	oree mou	22. NAME A	ND AODRESS OF F	ACILITY		e, Maryland	
	117	11.				neral Home			
	23. PADY i. Enter the diseases, or	complications that caus	ed the death. Do r	not enter the mo	de of dying, su	Road, Balt	Imore,	MD 21236 Approximate	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Care	eech line.	luo		nest		Intervel Between Onset and Death	
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF	F):					
CAL	PART II. Other significent condition	na contributing to death	but not reaulting i	in the underlyln	g ceuse given in	Part i. 24s. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
PHYSICIAN: MEDI	denn	ten						OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL	~~		26 Pi	ACE OF DEATH (C)	mot anti-ani			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ritpatient 3 DOA	OTHER:		8 Other (Specify)			
¥	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,	7 28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	PES 2 NO				
	3 Suicide 8 Could not be determined	28s. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, a secify)	treet, factory, offic		281. LOCATION (Street City or Town, State,	and Number or	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno	wiedge, death occurre	ed at the time, data	and place, end due	to the cause(e) end me	nner as stated,	puse(s) end menner es stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)	
10	20 NAME AND ADDRESS ST. 200	D			D32	299	D 61	1553	
	Dr. David S. Du				on, MD	21009			
12	JUN 1 6 1993	32. REGISTRAR'S SIG			-				



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
IARYL,	stained by th	should be d
FIMORE, N	. Раде 6 тау be п	ral director, page 5
BAL	hours after death	d in by the fune

1 - FOR STATE REGISTRAR

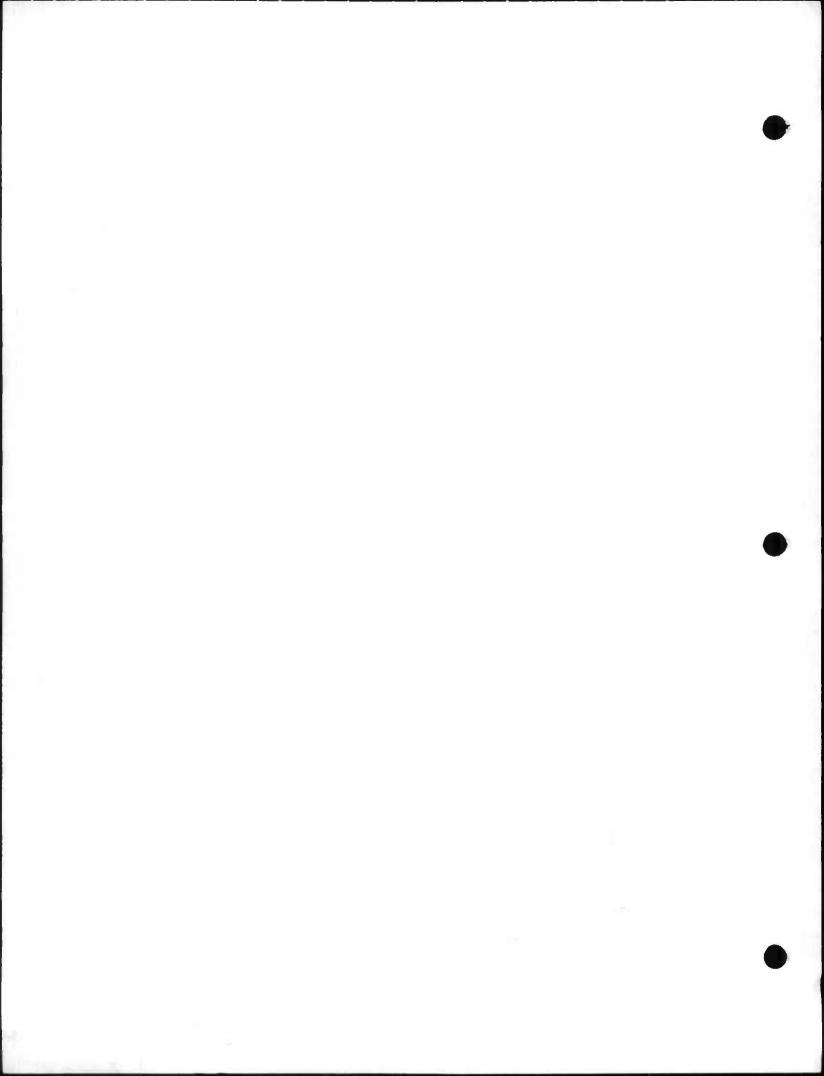
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	N	A.	ar de	.00
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	AL	AL L	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bundl, cremation, or removal.	Ξ
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
	FRANCES TERESA KAMASINSKI JUNE 13, 1993							6:00 Am	
3		'In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF 1 (Month, De		8. BIRTH Country	PLACE (State or Foreign	
130	213-01-0432 1 M 2 TxF 7.	S HOURS MIN.	JUNE 14,1917 MARYLAND						
اليدا	So. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. CO	UNTY OF D		
DIRECTOR	5829 RICHARDSON MEWS SQUARE		RELAY	4				BALTIMORE	
H.	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY LIMITS?	
	MARYLAND BALTIMORE		RELAY					1 YES 2 NO	
₹	10e, STREET AND NUMBER			101. ZIP CODE		10g. CI	TIZEN OF W	WHAT COUNTRY?	
FUNERAL	5829 RICHARDSON MEWS SQUARE			21	.227		U.S.A	Α.	
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexic	NIC ORIGIN? (S	pecify Yes or No-	14. RACE	— American Indian,	
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA			YES 2 NO Speci		it, withou	Speck	ly:	
ED	15. DECEDENT'S EDUCATION						<u> </u>	WHITE	
E	(Specify only highest grade completed)	16a. DECEDENT'S (Give kind of v life, Do NOT us	VOIAL OCCUP YORK done during to militard 1	ATION most of working	16b, KIN	ID OF BUSINESS/IA	IDUSTRY		
7	Elementary/Secondary (0-12) College (1-4 or 5+) 6th GRADE	PRESSI				CDIID	MATT		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	IKESSI	Z.K.	I se secretario hi	ME COLOR AND	GRUE le. Maiden Surname)	TALL)K	
Ö	FRANK RUMINSKI					,			
0	19a. INFORMANT'S NAME (Type/Print)	19h MAII ING	ADORESS /Str	et end Number or Rural	JANKI		The Condai		
유	PATRICIA K. FOSTER			RDSON MEW				01007	
	20a. METHOD OF DISPOSITION 20b	.PLACE AND DATE				20c. LOCATION -			
- 9				RIAL PARK		GLEN B			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	JEN HAVEL		AND ADDRESS OF F		GPEN D	UKNII	2	
	No tal Maril			ARD FUNER		E INC.			
_	Marche 14 Miles		4107	WILKENS	AVENUE	-BALTIMO	RE, M	D. 21229	
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on e	I the death. Do n ach line.	ot enter the	mode of dying, suc	ch as cardiac	or respiratory a	rreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	1	11.	for for	/			Onset and Death	
				of for	lun	_			
	DUE TO (OR AS A	CONSEQUENCE OF	7:						
ON	Sequentially list conditions, Due to (or as a consequence on):								
E	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF	7):						
음	CAUSE (Disease or injury C.	CONSEQUENCE OF	n:						
E	resulting in death) LAST							i I	
S	d							-	
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death be	ut not resulting i	n the underi	ying cause given in	Part I. 24	. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
음					1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
¥.								1 TES 2 NO	
ä							_		
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			PLACE OF DEATH (C/	eck only one)				
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER:	lome 5 🗆 Residence	6 Other (Sp	ecity)			
E	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c.	INJURY AT WORK?	28d. DEŞCRII	BE HOW INJURY OF	CCURED		
B	2 Accident Investigation			YES 2 NO					
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, o	ffice	261. LOCATIO City or To	N (Street and Numbe wn, State)	er or Rural R	oute Number,	
	4 Hornicide determined								
COMPLET	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowl	edge, death occurre	d at the lime, o	late and place, and due	to the cause(a) and manner as st	sted.		
8	one) 2 MEDICAL EXAMINER: On the basis of examination							and manner as stated.	
O H	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU				(Month, Day, Year)	
0	Zlum			D33	445	- b /	6/1	1162	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type.	Print)	1000	TTO		16	7/70	
	DR. KENNETH H. WILLIAMS - 5			ROAD - SII	TTE 209	8 - RATT	TMODE	MD 21220	
	31. DATE FILED (Month, Day, Year) 22. CECHTRAR'S SIGNA			20110 00	11H ZUC	- DALI	THUKE	, rw. 21228	
5	JUN 1 6 1993 Sphie Dividen-1	andelle							
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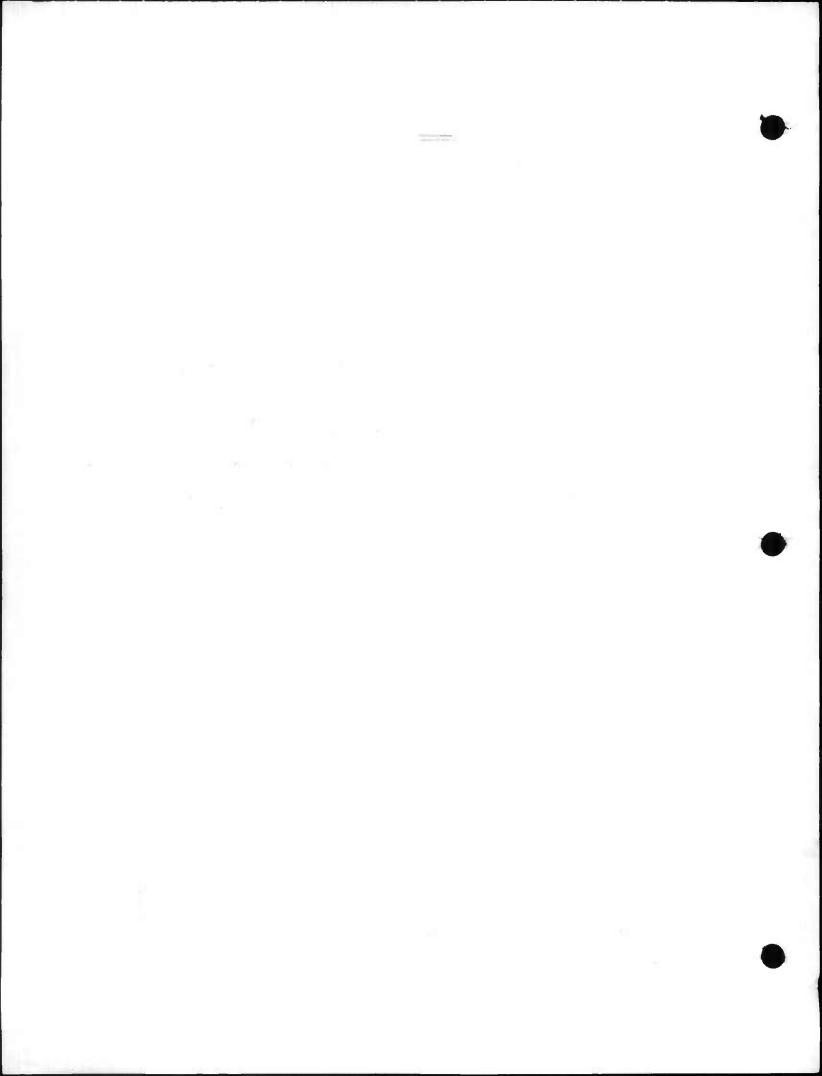


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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as that the death certificate be executed within	sician and c	traumatic	
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IG PHYSICI	ter this cert ath with the	narked, o	
R ATTENDIR	RECTOR: Af urs after de	m 28 is 1	
IOSPITAL OI	UNERAL DI	ANT: It Its	
TO THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORT,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	I UVCIENE
OINTE OF MANTENAND / DETANTMENT OF DEALTH AND MENT	IL DIVIENE
CERTIFICATE OF DEATH	REG. NO.

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ELLA N. SCHOOL REPORT SHORT MARKET SHOW THE ADDRESS AND ADDRESS AN	- 15	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF	DEATH	
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Securities of measure consisting and securities and	E C	10e. STATE 10b. COUNT		10c. CITY	TOWN OR LOCA	TION							
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Louise Reilly South Annual Androness and wardow on hand lowers. City or brank. Experiment No. 1229	Ш	Charles	RICHARD)		Mary	1	ELLIOT	[
20. PLACE AND DATE OF DISPOSITION Such as a cardiac or respiratory arrest	0												
1 Burdial 2 Commission 3 Removed from State 4 Documents 5 Other Right Commission 5 Othe	F	Louise Reilly		804 S	. Beech	field Av	re, Ba	altimor	re, M	D	21229)	
21. SIGNATURE OF THE SERVICE CAUSE. THE diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition. 22. PART II. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition. 3. DUE TO (OR AS A CONSEQUENCE OF): 3. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 7. SEQUENTIALLY UNDERTAINED AS A CONSEQUENCE OF): 8. WAS CASE REFERRED TO MEDICAL EXAMINET? 1. VES 2 DO 28. WAS CASE REFERRED TO MEDICAL EXAMINET? 1. VES 2 DO 28. DATE OF DEATH (Check only only only only only only only only			oval from State	20b. PLACE AND DATE O	F DISPOSITION (No	me of	DAT	E 20c. LOC	ATION —	City or To	wn, State		
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE—BALTIMORE, MD. 21229 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death of the cause of the				Loudon Par				Balt	imor	e, l	4ID		
22. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abrock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abrock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases, or complications) Sequentially list conditions, in causing in death) Sequentially list conditions, in any leading to immediate cause, Enter UNDERIVERY or List only one cause on each line. DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d. DUE TO (of as a conscousance or): A d.	- 8	21. SIGNATURE OF TUNERIAL SERVICE IN	espece to					ME INC	t				
Approximate interval season, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and the conditions of the cause of		C Teur !	Smith	/						E. N	m. 21	229	
NMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO GR AS A CONSEQUENCE OF:		23. PART I. Enter the diseases, or about as beet fallers	complications that c	eused the death. Do no	ot enter the mo	de of dying, suc	ch as card	liac or respir	atory arr	est,	Appr	oximate	
DUE 30 (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) and the Initiated events resulting in death LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PROPRIED TO FERRO TO OF EARTH 1 YES 2 NO NAMALABLE PRIOR TO OF EARTH 1 YES 2 NO		IMMEDIATE CAUSE (Final											
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UND	DAYS	IF UNDER	1 24 HRS.		E OF BIRTH		8. BIRTHE	PLACE (State or Foreign
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	17. FATHER'S NAME (First, Middle, Last)									, Middle, Maider			
BE	Matthew	Kitz						ousi				nown	
ဝ	19a. INFORMANT'S NAME (Type/Print)		19							mber, City or Tox			
	Raymond E. Kitz 740 Bridgeman Terrace 21204 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State												
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	21. BIGHATURE OF UNERAL SERVICE LIE	ender /	Dugan	iey Va	alle	y Mei	m . G:	rdns	6/1	5/93	Timon	iium	, Md.
	22. NAME AND ADDRESS OF FACE						105	0 York	Rd.	2120	4		
_	Monald (. V)	eliger	fu		R	uck	Tows	on F	uner	cal Hor	ne, In	c.	
	23. PART I. Enter the disease, or shock, or heart failure.	complicatione that List only one cau	coused the deserving	eeth. Do r	not ente	r the mo	de of dy	ing, suct	h as ca	rdiac or resp	piratory arm	eat,	Approximate interval Between
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ENTI HO-4000 SAMARITAN HOSP. BALTIMORE

1993 Julia Deviden-Randell

- 23	1. DECEDENT'S NAME (First, Middle, La	st)		RTIFICATI			MONT	OF DEATH	- V	EAR 3. T	TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER 217093514	5. SEX	B. AGE (In yrs. last			IF UNDER 24 HRS.	(Monti	OF BIRTH	07 "	Country) VA.	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give	ve atreet and number)		9b. CITY	, TOWN OR	LOCATION OF DE		-01	9c. COUNTY		
5	Baltimore:	VA Med	ical C	enter	Bo	ulto.	CIT	Y			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										. INSIDE CITY
DIRECTOR	MD. Baltimore									1 🛭	LIMITS?
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ш	James Knigh	t				Nora	Joh	ns			
0 0	19e. INFORMANT'S NAME (Type/Print)		3.0	. MAILINO ADDRES							
	Maureen Knig	ht		BOO E.			, #		alto,		
	1.☐ Suriel 2 ☐ Cremation 3 ☐ R	lemoval from State	of cemetary.	crematory or other i	place)		1				
4 Donetton 5 □ Other (Specify) Arbutus Memorial Park 6/19 A									Jucus	, IIL	•
▶ Betts Funeral Home 1129 N. Caroline St Balto										o,MI	.2121
- 1	resulting in death)	DUE TO (C	OR AS A CONSEC	SENCE OFI:	VUF						
LIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Proba Dem	OR AS A CONSECUTION OF AS		ion	Pnei	ım	omia			
SERTIFICATION	Sequentially list conditions, if sm, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Proba Dem	or as a conseq evetur	HC PIVOU UENCE OF):	ion	Pnei	ım	oma			
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
S		1. DECEDENT'S NAME (First, Middle, Last)	0 1				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		RAMER			JUN 12	1 1993	м
pin		213 60 7142 98. FACILITY NAME (If not institution, give s:	10 M 20 F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	52 MA	THPLACE (State or Foreign intry) RYLAND
Page 1, 2, 3 should	TOR	MERIDENCE OF DECEDENT	ULTI MEDIC	AL	Town	SO ()	EATH	BC COUNTY OF	MORE
E. 4	1 4	10a. STATE 10b. COUNTY PARAGO BAS	Michael	10c. CIT	PARKVI	LION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 월 NO
()	FUNERAL	100. STREET AND NUMBER 2218 LOWELL	0.00	0A0		ala3	+	U.	S.A.
5-0020 nding phycia	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuban, Maxics 2 NO Specif	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Bir	CE — American Indian, ack, White, atc.
MARYLAND 21215-00: retained by the hospital or attending the 5 should be detached for use as the total.	8	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of t	USUAL OCCUPATION OF COMMENT OF CO	ON est of working	16b. KIND OF BUS	SINESS/INDUSTRY	200112
D 21 pital or ed for	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	SPEN OL	e retired.)	ACHER	0000	10 00	
AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)	0710.	C1 217161	20 12	1.7	ME (First, Middle, Malden	ARUAN Surname)	Lounty
MARYLAND retained by the hospil should be detached	m m	19a. INFORMANT'S NAME (Type/Print)	S. KRAM			BER	nics n	Ben	000
MA e retain 5 5 sho	TO B		LOROS	19b. MAILING	ADDRESS (Street a	A S A A	Route Number, City or Town	1, State, Zip Code)	
may b	must be	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Remo	20b	.PLACE AND DATE (ame of	DATE 20c LO	CATION — City or	Town, State
IMC Page 6		4 Donation 5 Other (Specify)		I. STA	VISLAUS	ND ADDRESS OF FA	193 1 15 5	410. I	larylano
BALTIMORE, after death. Page 6 may be by the funeral director, page	examiner	1/20 42W	Lane		EVAC 8800	15 CHAP	EL OF 1 EL	morius - Poek	alla
	medica	23. PART I. Enter the diseases, or c shock, or heart fallure.	omplications that caused List only one cause on a	tha death. Do rach lina.	ot anter the mo	de of dying, suc	h as cardiac or reapl	ratory arrest,	Approximata Intarvai Between
24 fille	event, the n	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Renal Faulure DUE TO (OR AS A CONSEQUENCE OF):						Onset and Death
N 8 8 3				Lellify	i):				
BOX 68	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF	7):				
OS, P.O. BOX he death certificate be of the attending physician Mental Hygiene prior to	FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
S, P.O. B(death certificate s attending physi ental Hygiene pri	ERT	resulting in death) LAST	1						
DS, F the death the atter d Mental		PART II. Other significant condition	a contributing to death b	ut not resulting l	n the underlying	g cause given in			Ib. WERE AUTOPSY FINDINGS
COR signed by Health an	MEDICA	Castoparesis	and intraca	kuste ve	mitup		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E VITAL RESIGNATION The faw requestificate has been the State Dept. of	AN: I								
上 年 書書	SICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 K NO	HOSPITAL:	etiant 3 DOA	OTHER:	ACE OF DEATH (Ch			
PHYSICIAN: this certifical with the St	2H.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
ON O DING PHY After this death with	BY PI	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
TISI TITEN TIOR: after	ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
\$ \$ R =	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	CIAN: To the best of my knowledge. On the bests of examination	edge, death occurre a and/or investigation	d at the time, data n, in my opinion, d	and place, and due	to the cause(s) and man time, data and place, and	ner as atated. I due to the cause	r(a) and manner as stated.
TO THE HO TO THE FU be filed wi	TO BE CO	296 SIGNATURE AND TITLE OF CERTIFIER	ll Cappens	anno		29c, LICENSE NUI	ABER 2	29d. DATE SIGNE	(Month, Day, Year)
	=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	_					10110
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	u oath	1201 J	offa Ro	30 -10	THERVILL
	10	JUN 1 6 199	3 Julia David	bon-Randa	0				

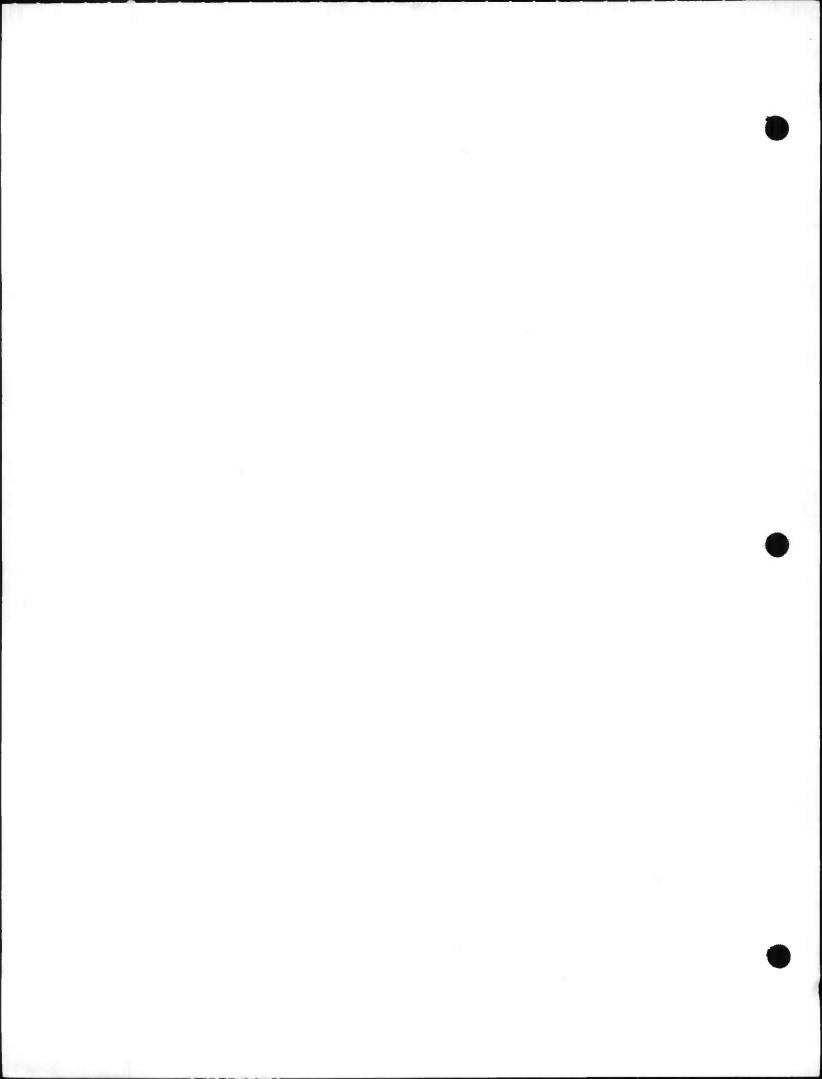
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VII AL RECORDS, P.O. BOX 88/80,	law requires that the death certificate be executed within 24
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1	The
	TTENDING PHYSICIAN: The la
	IR ATTENDING
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	産

	ISION OF VITAL RECORDS, P.O. BOX 68760, RALTIMORE, MARYLAND 21215-0020 TIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. The state this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE RELIGIOUS. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	IMPORTANT. If Item 28 is marked, or
	5	

	1 - FOR STATE REGISTRAR	TE OF MARYLAND		MENT OF I		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last) RU+N KEOUS			KROUSS	3)	2. DATE OF DEATH DA		3. TIME OF DEATH
		2 % F 89		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1/27/190	C	NRTNPLACE (State or Foreign ountry) NEW YORK
FOR	9a. FACILITY NAME (If not institution, give street and number) NORTHWEST HOSPITAL CENTER 9b. CITY, TOWN OR LOCATION OF GEATH RANDALLSTOWN 9c. COUNTY OF DEATH RANDALLSTOWN							
DIRECTOR	10a. STATE MARYLAND 10b. COUNTY BALTIMOR	E		TOWN OR LOCA TIMORE	TION			10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 7512 SHELOWOOD RD			10	ZIP CODE 21208			1 YES 2 XNO OF WHAT COUNTRY? JSA
ВУ	1 Never Married 2 Married FOR	er Married 2 Married FORCES? 1 YES 2 F			ENDENT OF HISPAN ecity Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No— 14, R	JOA RACE — American Indian, Black, White, etc. Specify: VHITE
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) 12 Colleg	e (1-4 or 5+)	ECEDENT'S U Give kind of wo le. Do NOT use DUSEWI		ON st of working	AT HOME		
BE CO	17. FATHER'S NAME (First, Middle, Lest) SAMUEL NEIGER					ME (First, Middle, Maiden	Surneme)	
TO B	19a. INFORMANT'S NAME (Type/Print) ARTHUR KROUSS	19		DDRESS (Street of SHELOWO	nd Number or Rural F	Route Number, City or Town		208
	20a. METHOD OF DISPOSITION 1	20b. PLACE cemetery of		DISPOSITION (N		DATE 20c. LO	CATION — City o	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.							
	23. PART I. Enter the diseases, or complice shock, or heart fellure. List only immediate CAUSE (Final disease or condition resulting in death)	ations that ceused the d	eath. Do no	t enter the mo	de of dying, such	n es cardiac or respi	ratory arrest,	MD 21215 Approximate interval Between Onset and Death 2 MS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					Years
AL	PART II. Other significent conditions contri	buting to deeth but not	resulting in	the underlyin	ceuse given in	Part I, 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
BY PHYSICIAN: MEDIC	Old CVA & Sophusits SII	2 Esophag	hes cal)		1 YES 2	NO	COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Che	ck only one)		
HYSI	1 YES 2 TAO 1 Trip	atlant 2 ER/Outpatlant :	26b. TIME	OF 28c, INJ	e 5 🗆 Rasidenca	8 Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURE	0
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) PLACE OF INJURY — At he	INJUI	M 1 🗆	RK? (ES 2 NO			
ETED	4 Homicide determined	building, atc. (Specny)				281. LOCATION (Street a City or Town, State)	i since es	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To CERTIFYING PNYSICIAN: TO CERTIFYING							se(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	NO NO			29c. LICENSE NUM			NEO (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO COMPL		EM 27) (Type, F	rint)		d Bali		
	31. DATE FILEO (Month, Day, Year) 32.	REGISTRAR'S SIGNATURE		Ula	ouiTM	d 15111	0. [//d	A1208
	JUN 1 6 1993 Jul	in Newdown Parc	lass.					DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 of the free free free free free free free fr	ue bunata unector, page 5 should be detached for USE as the bunataransit permit. Pages 1, 2, 3 should at come. al examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 THE HOPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	he first a control of the first and the first and will be seen and compress men in by the billeral one-city, page 3 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO RE COMPLETED BY DHYSICIAN: MEDICAL CEDTISION

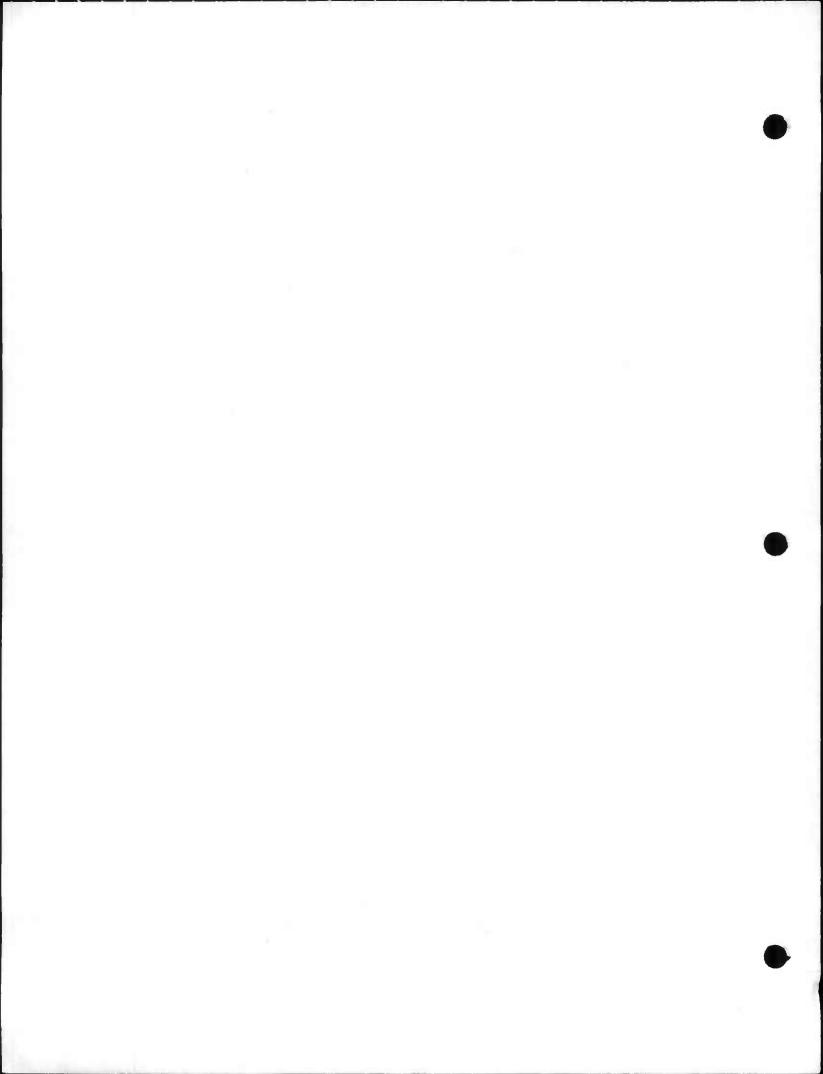
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND M	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	723 000				2. DATE OF DEATH	AY.	YEAR 3.	TIME OF DEATH
	REBECCA	KATZ				JUNE 13,1		TEAN	9:10 P M
	4. SOCIAL SECURITY NUMBER 113-28-8453	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) APRIL 16,		Country)	ACE (State or Foreign RUSSTA
	9a. FACILITY NAME (If not institution, give si	,		96. CITY, TOWN	OR LOCATION OF DEA	ATN		TY OF OEAT	
DIRECTOR	CHERRYWOOD MANOR	NURSING HOM		REIST	ERSTOWN		BAL'	TIMOF	RE
DIRE	MD. BA	LTIMORE 100. CITY, TOWN OR REISTE							Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10	f, ZIP CODE		10g. CITIZE		T COUNTRY?
FUNERAL	12020 REISTERSTO	WN ROAD			21136		1	USA	
ا يَ	11. MARITAL STATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Yes		4. RACE -	American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATESXX		pecify Cuben, Mexican, 3 2 NO Specify:	, Puerto Hican, etc.)		Specify:	WHITE
E	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of a	USUAL OCCUPAT	ON ost of working	16b. KIND OF BUS	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	HOUSEW	se retired.)		HOME			
BE CO	17. FATHER'S NAME (First, Middle, Last) (UNKNOWN) S	CHICHMAN				E (First, Middle, Malden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		oute Number, City or Town	n, State, Zip C	Code)	
F	MR. MORRIS J. KA	TZ	6 ST	ONEHENG	E CIRCLE,	APT.#7,BAL	M,.OT	D.(21	L208)
	20s. METHOD OF DISPOSITION 1 Description 3 Remove R	oval from State cem	PLACE AND DATE	ther place)			CATION — CI	ty or Town,	State
	4 Donation 5 DO Other (Specify) BETH ISRAEL CEMETER 6/16/93 WOODBRIDGE, NJ. 22. NAME AND ADDRESS OF FACILITY								
1	SOL LEVINSON & BROS. FUNERAL HOME						Æ.		
	Hadring -	/ Lucian		6010	REISTERS	STOWN RD.	BALTO	. MD.	
	23. FART I. Enter the dispesses, or contact failure. I	complications that caused List only one cause on as	the death. Do r och lina.	not antar the me	oda of dying, such	ss cardiac or reapl	ratory arres	st,	Approximate Interval Between
	INCOME.							Onset and Daath	
	reaulting in death)	OUE TO (OR AS A	CONSEQUENCE OF						
z	Renal Failure								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:					
5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	D.					
Ē	that initieted events resulting in death) LAST		CONSEQUENCE OF	-):					j
	DART II ON I -III								
7	PART II. Other algnificent conditions	s contributing to death be	ut not resulting	n the underlyin	g cause given in P	art I. 24s. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDICAL						1 YES 2	NO		MPLETION OF CAUSE DEATH?
Σ						-		1 [YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF OEATH (Chec	k onto one)			
SIC	EXAMINER?	HOSPITAL:	Itlent 3 DOA	OTHER:	te 5 ☐ Realdence 8				
ξ	27. MANNER OF DEATN	28a. DATE OF INJURY	28b, TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE NOW IN	NJURY OCCU	RED	
BYF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO				i
10	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	street, factory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
J.E.	290. CERTIFIER 1 CERTIFYING PNYSIC	CIAN: To the best of my knowle	idos, death occum	ed at the time also	and piece, and don to	the series(s) and :		·····	
COMPLETED		R: On the basis of examination							d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMB	ER	29d. DATE S	SIGNED (Mo	onth, Day, Year)
2	20 NAME (NO ACCRETO OF PERCENT	No			02717	13	> C	11416	3
	30. NAME AND ADDRESS OF PERSON WHO		3 . A	Print)	ly.ten to	~ . ms	7	-1136	
	31. DATE FILED (Month, Day, Mar)	FUNE DELY CON-K	TURE						
	0011 10 1933								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be rained by the hospital or attending physician.	or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ento PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be trained by the hospital or attending physician.	** Profest DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Pages 1, within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		17750		
	1. DECEDENT'S NAME (First, Middle, Last)	L. Fragulald				2. DATE OF DEATH MONTH D.	3. TIME OF DEATH 535 AM			
	1.101 - 1.00 (011) - 1.00 (01)	6. AGE (1	r (rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/25/02	0. Bit	RTHPLACE (State or Foreign untry)		
TOR		esing Heme	, 177		de GCA		9c. COUNTY O	r DEATH 1 CYOCD		
DIRECTOR	10a. STATE 10b. COUNTY				OWN OR LOCATION VRE DE GRACE			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{N} \) NO		
FUNERAL	100. STREET AND NUMBER 801 TYDINGS RD.			101	10f. ZIP CODE 21078			10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	I IF VES GIVE WARD OR DATES			ENDENT OF HISPAI ecify Cuben, Mexica 2 NO Specif	В	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w We. Do NOT us	rork done during mo		16b. KIND OF BU				
COMPLET	10 17. FATHER'S NAME (First, Middle, Lest)		HOUS	EWIFE			EMAKER			
E CC	ABRAHAM	LESOW	ODEB		ESTHER	ME (First, Middle, Meiden	Surnama)	UNKNOWN		
0	19a. INFORMANT'S NAME (Type/Print)	Высом	7	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Code)			
2	MRS FIRA K. SIR	KIS	801	TYDINGS	RD. HAV	RE DE GRAC	CE, MD.	21078		
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	al from State	PLACE AND DATE OF			DATE 20c. LO 16/14/93 ROS	CATION — CRY O			
	SOL I			LEVINSO	DADDRESS OF FACILITY LEVINSON & BROS. O REISTERSTOWN RD. BALTO., MD(21215)					
	IMMEDIATE CAUSE Trinel disease or condition resulting in death) a. CAROIO - RESIRATORY ARREST.							Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause SENILE PEMENTH ASCUL- MICHAEL ACCIONATION OF LONG- W. (2)			cause given in	Part I. 24a. WAS AN PERFOF	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
YSI	1 VES 2 XHO 1	☐ Inpatient 2 ☐ ER/Outpo				6 Other (Specify)				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		URY AT RK? /ES 2 NO	28d, DEŞCRIBE HOW I	OW INJURY OCCURED				
a	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)			treet, factory, office	M. factory, office 261. LOCATION (Street and Number or Rural R City or Yown, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowledge. On the basis of examination						ee(a) and manner as stated.		
8	296. SIGNATURE OND TITLE OF CERTIFIER	NATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER 29d.			DATE SIGNED (Month, Day, Year)		
욘	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,		(MI)	a spike	45/6	11/21038		
	31. DATE FILED (Month, Day, Year) JUN 1 6 1993	32. REGISTRAR'S SIGNA	andalla			of contil	ice of			



M. CTENDING PHYSICIAN: The law requires that the death certificate be executed within

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30. NAME AND ADDRESS OF PERSON

93 17499 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 23:45 CATHERINE LUCILLE KNOPP 6 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS MIN. YRS. 219-32-8310 9/1/36 563 MARYI.AND Se. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SH. AGNES DIRECTOR HIMORRE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland
100. STREET AND NUMBER 1 | YES 2 1-NO Baltimore Catonsvillo FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 21228 18 Bloomingdale 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO S.A U 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY Specific 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementery/Secondary (0-12) College (1-4 or 5+) 12th grade Dog Groomer Dog Groomer Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Andrew Noll BE Jean DeCarlo 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Connie Schafferman <u>18 Bloomingdale Avenue</u> Catonsville, MD 21228 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Metro Crematory 6/15/93 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Mistria 8521 Loch Raven Blvd. Towson, 23. PART I. Enter the disessea, or complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Massive UGI bleeding 2º esophagial Narices disease or condition _______resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Septers 1 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 - NO ne 5 🗆 Residence S 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🔀 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) ETED. 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 4 Nomicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ST. AGNES

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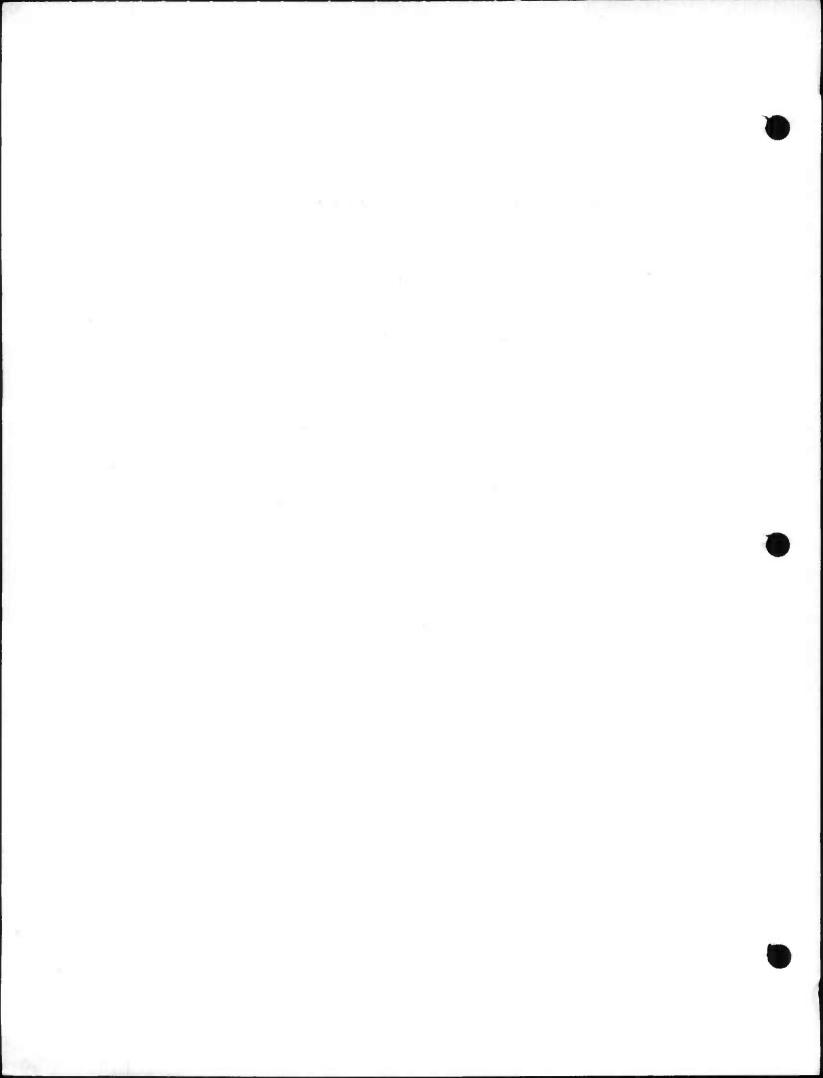
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I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	WHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		MINISTER Hem 28 to marked or them 23 shows one intime or other transmists arend the madical arendars must be addited as account.
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LOR	DIR	I med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Itan
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last)

1.0	ROGER LOWE OF 11 93 G:45 A M										
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthda			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (S		
	212-48-0100	1 M 2 □ F	45 YRS	MONTHS	DAYS HOURS	MIN.	OCT. 28, 194	7	W. VIR	GINIA	
or	90. FACILITY NAME (If not institution, give			9b. CITY, 1	TOWN OR LOCAT				Y OF DEATH		
OT:	VETERANS ADMINIS	TRATION HO	OSPITAL	BA	LTIMORE						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c							DE CITY ITS? S 2 \(\sum \text{NO} \)			
FUNERAL	10e. STREET AND NUMBER 307 S. COLLINS AVENUE				10f, ZIP COO			10g. CITIZEN OF WHAT COUNTRY?			
INE I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			21229				U.S.A.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	X YES 2 NO	NO It yes, specify Cuban, Mexican, Puerto Rican, etc.)					Yes or No— 14. RACE — American Indian, Black, White, stc. Specify: WHITE			
TEC	15. DECEDENT'S EI (Specify only highest gra	ENT'S USUAL OCCUPATION 16b. KIND OF BUSIN and of work done during most of working					NESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5)	WAREHOUSE MANAGER MED. SUI			DDI V				
OM	17. FATHER'S NAME (First, Middle, Last)		***************************************	BHOUDE			ME (First, Middle, Meiden		LLLI		
BE C	FRED LOWE						AUDREY MU	NCY			
2	19a. INFORMANT'S NAME (Type/Print)	11-11					Route Number, City or Tox				
	CAROLYN LOWE					AD -	BALTIMORE	•			
	20g, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DAT	r other place)	TON (Name of	OPME	DATE 20c. LO	TE 20c. LOCATION — City or Town, State			
	21. SIGNATURE OF PURERAL SERVICE LICENSEE			22. N.	FOREST V.A. CEMETERY 6/17 OWINGS MILLS						
	Chestorda MMiles				HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229						
	23. PART I. Enter the diseases, o	r complications tha	t caused the death. De	not enter t	he mode of dy	ing, suci	AVENUE-BAL	T IMUR	t. An	21229 proximata	
	shock, or heart feliure. List only one cause on each line. iMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF):							Int On	erval Between set and Desth		
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								- 4	days	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	or as a conscouence of:					2 weeks 5 days 2 days				
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):		<u>.</u>				- 44/5	
resulting in deeth) LAST											
	PART II. Other algnificent condition	one contributing to	death but not resultin	g in the und	lerlying couse	given in	Part I. 24a. WAS AN			TOPSY FINDINGS	
MEDICAL	Staph,	aureus 1	back-em'a				1 TES 2			E PRIOR TO ION OF CAUSE	
								, , , , , , , , , , , , , , , , , , ,		2 (NO	
AN											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYS	1 YES 2 X NO 27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3 DOA		ng Home 8 A R	esidence	8 Other (Specify) 28d. DESCRIBE HOW I	MILIBY OCCU	RED		
	1 Netural 5 Pending	(Month, D		NJURY M	WORK?	□ NO	Loc. DESCRIBE NOW	NSONT OCCO	neu		
2 Accident investigation							966				
COMPLETED	4 Homicide determined	adviding,	eta (opecny)				City or Town, State)				
P	29e. CERTIFIER (Check only 1 GERTIFYING PHY	SICIAN: To the best of	my knowledge, death occu	irred at the tim	ne, date and place	, and due	to the cause(s) and ma	ner es stated			
3	one)		remineties and/or investigation	tion, in my opi	Inlon, death occu	red at the	time, date and place, er	d due to the	namedal and man		
S	2 MEDICAL EXAMI	VER: On the basis of e	cumming and/or investiga					due to the t	ransa(s) and men	ner es stated.	
BE	296. SIGNATURE AND TITLE OF CERTIF	en outon M	D med	sity of ical lacs:	Mol 29c. LIC	ENSE NUN		29d. DATE S	GIGNED (Morth, D.		
	296. SIGNATURE AND TITLE OF CERTIF	en Outon M THO COMPLETED CAUS	D Med	ent pes:	nd 29c. uc	ENSE NUN	BER Vin Poult	29d. DATE S	-11-93	ny, Ybar)	
BE	296. SIGNATURE AND TITLE OF CERTIF	er outon M tho completed cause of Mony	D Med	sity of ical lacs:	nd 29c. uc	ENSE NUN	IBER	29d. DATE S	-11-93	ny, Ybar)	

